E.C. No. 773

ESTIMATES COMMITTEE (1973-74)

(FIFTH LOK SABHA)

FIFTY-SEVENTH REPORT

MINISTRY OF HEALTH ADN FAMILY PLANNING

(DEPARTMENT OF HEALTH)

CENTRAL GOVERNMENT HEALTH SCHEME

LOK SABHA SECRETARIAT
NEW DELHI

April, 1974/Chaitra, 1896 (Saka)

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CORRIGENDA

to

the 57th Report of Estimates Committee on the Ministry of Health and Family Planning (Deptt. of Health) - C.G.H.S., presented to Lok Sabha on 24.4.1974.

Page	Para	Line	For	Read
14	2.21	1	Read 'of' after expenditure	
40	3.68	9	Delete or the Patel Chest Institute	
47	3.86	2	Plansing	Planning
47	3.86	7	Famiy	Family
53	4.13	23	Ryurvedic	Ayurvedic
53	4.13	25	pacel	parcel
56	4.19	8	teratment	treatment
60	4.29	2	unfit for	unfit for use
60	4.29	3	Delete this line and read 'Monthly stock check up is done by the pharmacist-cum-clerk	
63	4.36	9	formularly	formulary
70	5.6	19	200	1200
78	6.11	8	recorted	resorted
100	8.5	2	contract	attract

CONTENTS

	PAGE
COMPOSITION OF THE COMMITTEE	(iii)
INTRODUCTION	(v)
I. INTRODUCTOY	1
II. COVERAGE :	
(i) Existing coverage	5
(ii) Extension of Scheme to other cities	7
(iii) Extension of Scheme to semi-Government organisations and autonomous bodies	16
(iv) Extension of Scheme to members of general public and ex-M.P.s.	18
III. MEDICAL SERVICES-ALLOPATHIC :	
(i) Criteria for opening dispensaries	21
(ii) Staffing pattern and strength of medical, para-medical and other staff	26
(iii) (a) Doctor-patient relationship	29
(b) Waiting time	32
(iv) Dispensing of medicines	33
(v) Specialist services and Polyclinic	37
(vi) Specialised treatment	40
(vii) Clinical Laboratory and X-ray facilities	41
(viii) Family Folder	44
(ix) Family Welfare Planning Centres	45
IV. MEDICAL SERVICES—AURVEDIC & HOMOEOPATHIC	
(i) Ayurvedic & Homoeopathic Dispensaries	48
(ii) Staffing pattern and strength of medical, para-medical and other Staff	52
(iii) Losses incurred on drugs declared unfit	57
(iv) Pilferage of medicines	66
V. MEDICAL SERVICES—HOSPITALISATION :	
(i) Hospitalisation facilities and Special wards for C.G.H.S. beneficiaries	68
(ii) Ambulances	74
(iii) Ayurvedic Hospitals	75

3852—LS—I

PAGE

VI. PURCHASE OF MEDICINES :

(i) Procedure and policy for the selection and purchase of medicines 76

(ii) Formulary . 89

VII. POSITIVE HEALTH PROGRAMME AND YOGA CLASSES :

(i) Positive Health Programme . 91

(ii) Yoga Classes . . 93

VIII. ORGANISATIONAL SET-UP AND OTHER MATTERS

(i) Organisational set-up in the Ministry . . 98

(ii) Zonal Medical Officers 100

(iii) Training & Refresher courses 102

(iv) Buildings for dispensaries/hospitals and residential accommodation 106

(v) Guide books and information material 108

IX. CONCLUSION . 110

APPENDICES

I. List of 18 new cities to be covered under the C.G.H.S. during the 5th Plan. 121

II. Comparative statement of expenditure under the C.G.H.S. and the C.S. (M.A.) Rules. 122

III. Semi-Government Organisations/Autonomous bodies in Delhi/New Delhi covered under C.G.H.S. 123

IV. Statement showing staff strength for various ranges of dispensaries 127

V. Comparative statement showing age, qualifications etc. laid down for the post of Ayurvedic Physicians, Homoeopathic Physicians & Allopathic doctors. 128

VI. List of medicines declared unfit . 130

VII. List showing stock position of compound Ayurvedic medicines . 132

VIII. List of hospita's recognised under C.G.H.S. 133

IX. Statement of Ayurvedic medicines purchased from the firms from 1970 to 1973. 136

X. Organisational set-up in the Ministry. . 138

XI. Organisational set-up in the Office of the Director General of Health Services. 139

XII. Organisational set-up of the the C.G.H.S. in cities where it is funcing at present. 141

XIII Summary of recommendations/Conclusions contained in the Report. . 143

XIV. Analysis of recommendations/conclusions contained in the Report 179

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(1973-74)

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INTRODUCTION

I, the Chairman, Estimates Committee, having been authorised by the Committee to submit the Report on their behalf, present this Fifty-seventh Report on the Ministry of Health and Family Planning (Department of Health)—Central Government Health Scheme.

2. The Committee took evidence of the representatives of the Ministry of Health and Family Planning (Department of Health) on the 21st and 22nd September, 1973. The Committee wish to express their thanks to the Officers of the Ministry for placing before them the material and information which they desired in connection with the examination of the subject and for giving evidence before the Committee.

3. The Committee also wish to express their thanks to the President and other representatives of the Indian Medical Association, New Delhi for furnishing a Memorandum to the Committee and also for giving evidence and making valuable suggestions.

4. The Committee also wish to express their thanks to all the Associations and individuals who furnished memoranda on the subject to the Committee.

5. The Report was considered and adopted by the Committee on the 5th April, 1974.

6. A summary of recommendations/conclusions contained in the Report is appended (Appendix XIII).

7. A statement showing the analysis of recommendations|conclusions contained in the Report is also appended to the Report (Appendix XIV).

NEW DELHI;
April 16, 1974.
Chaitra 26, 1896 (*S*)

R. K. SINHA,
Chairman,
Estimates Committee.

CHAPTER I

INTRODUCTORY

Genesis

The Central Government Health Scheme formerly known as Contributory Health Scheme was introduced in Delhi on the 1st July, 1954. Prior to the introduction of the Central Government Health Scheme, the Central Government servants and members of their families were entitled to free medical aid under the Central Services (Medical Attendance) Rules. Under these rules, the Government servants had first to incur the expenditure and then claim reimbursement. This system of reimbursement was stated to be a great hardship especially to low-paid Government servants, as it involved procedural delays in the settlement of the claims. The Central Services (Medical Attendance) Rules had many limitations for the low-paid Central Government servants in regard to entitlement, domicilliary visits, specialist consultation, hospitalisation etc.

1.2. The Central Government Health Scheme sought to remove the defects mentioned above and to provide more efficient and comprehensive medical care. Under the Scheme, the distinction between Class IV and other classes of Government servants is stated to have been abolished in the matter of free medical attendance and treatment. The benefit of free medical service have been extended not only to all Central Government servants but to their families as well. Partly to meet the higher cost of the extended scheme and partly to inculcate the idea of partnership in the social security measure among the beneficiaries, Government servants make a monthly contribution on a graded scale. The lowest paid Government servant is stated to be entitled to enjoy the same medical benefits as the highest paid ones.

1.3. A compulsory monthly C.G.H.S. contribution on a graded

scale is leviable on all entitled classes of Government servants. The rates of contribution are as follows:

	Gradation according to Pay	Rate of monthly contribution
1.	Rs. 2,000 and above .	Rs. 12·00
2.	From Rs. 1,500 to 1,999	Rs. 9·00
3.	From Rs. 1,200 to 1,499	Rs. 6·00
4.	From Rs. 870 to 1,199	Rs 5·00
5.	From Rs. 620 to 869 . .	Rs. 4·00
6.	From Rs. 360 to 619 .	Rs. 2·50
7.	From Rs. 241 to 359 .	Rs. 1·50
8.	From Rs. 123 to 240 .	Rs. 0·75
9.	Upto Rs. 122	Rs. 0.50

1.4. The rate of contribution for the pensioners is the same as for Central Government Servants but the pensioner has the option to make contribution on his last pay drawn, if he/she so desires. In case of general public the contribution is charged at flat rate i.e. at the rate of actual expenditure *per capita*, which in 1971-72 was Rs. 158 per family per year.

1.5. The objects and functions of the Scheme are stated to be as follows:—

(i) *Objects*

The Central Government Health Scheme was stated to have been introduced in Delhi with three-fold objects viz. (i) to provide comprehensive and satisfactory medical care services to Central Government servants and members of their families (ii) to do away with the cumbersome and expensive system of reimbursement and (iii) as a pilot project for the introduction of National Health Insurance Scheme in the country.

(ii) *Functions of the Central Government Health Scheme*

The functions of the Central Government Health Scheme are stated to be as mentioned below:

(a) Free medical attendance for the Government servants and

their families at the dispensaries and at their residences, when condition of the patients so warrants.

(b) Free specialist consultation and laboratory and X-ray investigations etc.

(c) Free treatment in hospitals including free diet to those drawing less than Rs. 270 p.m.

(d) Supply of all medicines that may be prescribed by the medical attendants or specialists free of cost.

(e) Provision of treatment of dental, ophthalmic and ear. nose and throat diseases by specialists, including refraction.

(f) Hospitalisation and specialised treatment in special hospitals for case of tuberculosis, cancer, poliomyelitis and mental diseases involving payment of travelling expenses both for the patient and the attendant both ways.

(g) Advice on family planning including supply of free and subsidised contraceptives.

(h) Ante-natal and post-natal care.

1.6. Dental and Opticians panels are stated to have been constituted in Delhi for the benefit of the beneficiaries, who supply them (beneficiaries) optical and dental aids at reasonable scheduled rates approved by the Government. The beneficiaries deal directly with the firms and the Scheme has no financial commitments whatsoever for the aids purchased by the beneficiaries.

1.7. The Scheme started functioning in Delhi in 1954 with 53,000 Government employees in its rolls, accounting for a total of 2,23,000 beneficiaries. The scheme has now been extended to six more cities namely Bombay, Allahabad, Meerut, Kanpur Calcutta and Nagpur with coverage of about 2,80,248 families accounting for a total of 11,78,232 beneficiaries.

1.8. The Committee note that the main object of the Central Government Health Scheme, which was introduced in Delhi in 1954, was to provide comprehensive and satisfactory medical care services to Central Government employees and members of their families. They further note that the scheme has so far been extended to seven cities and covers about 2.80 lakhs of Government employees. As out of

15.4 lakh Central Government employees (excluding Railways) only 2.80 lakhs have been covered under the scheme so far, the Committee consider that the progress in the coverage of Central Government employees under this scheme has been rather slow. The Committee recommend that a detailed plan to extend this scheme to cover the Central Government employees, particularly at places which have a large concentration of such employees, should be prepared early by Government so that the benefit of this scheme is extended to a majority of the Central Government employees.

CHAPTER II

COVERAGE

(i) Existing coverage

At present the Central Government Health Scheme is stated to be functioning in Delhi, Bombay, Allahabad, Meerut, Kanpur, Calcutta and Nagpur. The C.G.H.S. was started in the various cities on the dates noted against each:—

S.No.	Cities	Dates	Number of beneficiaries	
			As on	Covered
1.	Delhi .	1-7-1954	30-9-1972	8,60,065
2.	Bombay	7-11-1963	29-12-1973	1,25,071
3.	Allahabad .	25-3-1969	16-12-1973	62,590
4.	Meerut	17-7-1971	7-3-1974	43,320
5.	Kanpur .	17-7-1972	3-9-1973	25,048
6.	Calcutta	1-8-1972	16-2-1974	22,244
7.	Nagpur .	16-10-1973	18-2-1974	39,894

Detailed account of the working of the Central Government Health Scheme in Delhi and the other cities is given below:—

Central Government Health Scheme, Delhi

2.2. The Central Government Health Scheme was started in Delhi on the 1st July, 1954 with 16 dispensaries serving 53,000 families. As on 31-3-1972 there were 71 dispensaries which included 5 Ayurvedic, 2 Homoeopathic dispensaries and 2 Mobile vans providing coverage to 1,98,734 families accounting for 8,42,481 beneficiaries. The scope of the scheme has been widened by bringing under its purview Central Government pensioners and members of general public in certain selected areas in Delhi, Members of Parliament and some semi-Government organisations and the Delhi Police personnel.

Number of Dispensaries and Families

2.3. At the beginning of the year 1969-70 there were 63 dispensaries in all (allopathic 54, mobile vans 3, ayurvedic 4 and homoeopathic 2). During the year 1969-70, it was proposed to open three more dispensaries one ayurvedic and two allopathic. However during that year only one additional ayurvedic dispensary could be opened.

2.4. During the year 1970-71, it was proposed to open 5 more allopathic dispensaries raising the total number of allopathic dispensaries to 59. The target of opening 5 allopathic dispensaries was achieved. With the opening of the static dispensary in Gandhi Nagar, Gita Colony, the mobile van catering to the area of Gandhi Nagar, Gita Colony, was withdrawn, thus reducing the number of Mobile vans to two. There had been no increase in the number of either ayuredic or homoeopathic dispensaries during that year.

2.5. During the year 1971-72 it was proposed to open three more dispensaries, two allopathic and one homoeopathic. The target for 1971-72 was achieved raising the number of dispensaries to 71 including 61 allopathic dispensaries, 2 mobile vans, 5 ayurvedic dispensaries and 3 homoeopathic dispensaries. During that year nearly 18,000 Police personnel were also brought under the purview of the Central Government Health Scheme.

2.6. While dealing with the current programmes pertaining to C.G.H.S., Delhi, the Ministry of Health have stated that a sum of Rs. 10,47,000/- has been earmarked in the Budget Grant sanctioned for the C.G.H.S., Delhi (Plan) for the year 1973-74 to implement the following new projects:

(i) setting up of 3 maternity centres, one each in Kalkaji, Srinivaspuri and R. K. Puram;

(ii) opening of one allopathic dispensary;

(iii) establishment of one unani dispensary;

(iv) starting of two clincial laboratories;

(v) appointment of additional staff for C.G.H.S. Headquarters and Medical Stores Deport.

2.7. It has been added that the work on the new projects has not yet been started and necessary clearance for the same has not so far been received from the Planning Commission/Ministry of Finance.

2.8. The Committee note that various proposals including the establishment of one Unani dispensary under the C.G.H.S. Delhi were under consideration of Government during the year 1973-74. The Committee feel that Government should have finalised these schemes so that they could be implemented during the last financial year.

2.9. The Committee understand that there is a demand for a Unani dispensary to be opened in the North Avenue to cater to the needs of beneficiaries of that area. The Committee have no doubt that Government will take this demand into consideration while deciding the location of the new Unani dispensary.

(ii) Extension of Scheme to other cities

2.10. Considering the benefits provided by the Central Government Health Scheme to the Central Government Servants and members of their families, and in pursuance of the recommendation of the Second Pay Commission and of the Health Survey and Planning Committee that the Central Government Health Scheme should be extended to new cities which have sizeable concentration of Central Government servants, the scheme was extended to Bombay in the year 1963 as a Plan programme.

Fourth Five Year Plan

2.11. It was proposed to extend the scheme to the following cities during the Fourth Five Year Plan:—

(1) Allahabad

(2) Meerut

(3) Kanpur

(4) Calcutta

(5) Nagpur

(6) Madras

The Scheme has been actually implemented in Allahabad, Meerut, Kanpur, Calcutta and Nagpur. It has been stated that the extension of the scheme to Madras had been postponed on account of the imposition of cuts on Plan programmes during 1973-74. The proposal would be taken up during the Fifth Five Year Plan. The following tables indicate the progress of the physical and the financial targets:—

TABLE I

Physical Targets and their Achievements

Name of the city	No. of Families stationed therein	Targets proposed for the IV Plan	Targets achieved	Shortfalls if any	Date of extension of Scheme
Bombay	71,000	40,000	14,100	26,000(—)	8-11-1963
Allahabad	13,500	7,500	11,500	4,000(+)	25-3-1969
Meerut .	11,000	10,000	8,000	2,000(—)	19-7-1971
Kanpur .	*55,000	20,000	5,000	15,000(—)	17-7-1972
Calcutta .	75,000	30,000	5,000	25,000(—)	1-8-1972
Nagpur . . .	11,000	11,000	Nil	11,000(—)	16-10-1973

*Include Ordnance Factory Employees.

TABLE II

No. of dispensaries and other targets to be taken up in the Fourth Five Year Plan

Name of the city	No. of dispensaries to be opened			Any other proposal			
	Target	Achievement	Shortfall	Target	Achievement	Shortfall	
Bombay .	16	5	11	1 Polyclinic 1 100-bedded hospital & 1 dispensary building.	1 Polyclinic and 1 dispensary	1 100 bedded hospital	Expenditure Finance Com. Memo still under consideration.
Allahabad	3	4	—	—	—	—	
Meerut .	4	3	1	—	—	—	
Kanpur .	8	3	5	—	—	—	
Calcutta .	12	3	9	1 Poly.	—	1 Poly.	
Nagpur .	4	3	1	Scheme implemented in October, 1973.			

TABLE III

Financial targets and their achievements (*Figures in lakhs Rupees*)

Name of the city	IV Plan Allocation			Expenditure incurred upto 1972-73								Total
	R	C	Total	1969-70		1970-71		1971-72		1972-73		
				R	C	R	C	R	C	R	C	
Bombay	9	70	160	7·15		6·42	2·26	13	4·08	21·56		48·13	6·34	54·47
Allahabad	63		63	7·26		13·79		18·27		16·15		55·47		55·47
Meerut	35		35					9·84		13·17		23·01		23·01
Calcutta	70		70					0·79		6·48		7·27		7·27
Kanpur	50		50							4·13		4·13		4·13
Nagpur	15		15											
Hdqs. staff	2		2											..
	325	70	395	14·41		20·21	2·26	41·90	4·08	61·49		138·01	6·34	144·35
						22·47		45·98						

R=Revenue C=Capital

2.12. While giving a resume of the future plans, the Ministry of Health have stated that the process of the expansion of the Central Government Health Scheme will continue further during the Fifth Five Year Plan. The Planning Commission has agreed to an allocation of Rs. 750/- lakhs for the expansion of the Central Government Health Scheme in the Fifth Five Year Plan. Necessary preliminary work has already been started. A tentative list (Appendix I) of 18 cities has been drawn out of which the scheme will be extended from 10 to 12 new cities covering a population of 1,20,000 (list attached). The names of the cities and the order of the priority in respect of the cities has however not been finalised. Besides this, 80,000 families (back-log of the Fourth Five Year Plan) will be covered in cities where the scheme is already in operation. The break-up of the physical and financial targets envisaged for the expansion of the scheme during the Fifth Five Year Plan are given below:—

Detailed year-wise break-up of physical targets.

	74-75	75-76	76-77	77-78	78-79	Total
	1	2	3	4	5	6
			1. *No. of families to be covered.*			
(i) Back-log of IV Plan	20,000	20,000	20,000	20,000	—	80,000
(ii) Families to be covered in new cities . .	10,000	10,000	20,000	40,000	40,000	1,20,000
	30,000	30,000	40,000	60,000	40,000	2,00,000
2. No. of dispys. to be opened	12	12	16	24	16	80
3. No. of Labs. to be opened .	6	6	8	12	8	40
4. No. of Poly-clinics .	1	1	2	1	1	6
5. Construction of Hospital (100 bedded)	—	—	1	1	—	2

Detailed year-wise break-up of Financial targets

(in lakhs)

	1974-75	1975-76	1976-77	1977-78	1978-79	Total
Recurring .	20.00	60.00	106.00	172.00	241.00	599.00
Non Recrring	21.50	36.50	29.50	35.50	28.00	151.00
	41.50	96.50	135.50	207.50	269.00	750.00

Programme for extension of C.G.H.S. during the Fifth Plan

2.13. In a subsequent written note furnished to the Committee, the Ministry of Health have stated that a preliminary plan for the expansion/consolidation of the scheme in the existing cities and extension to new cities has been worked out. This plan would be subject to further analysis, review and revision after preliminary assessment, survey and the final allocation earmarked for the extension/expansion of the C.G.H.S. is known.

2.14. It is proposed to introduce the C.G.H. Scheme to the following 9 cities during the Fifth Five Year Plan:

Names of cities

1. Madras
2. Hyderabad
3. Bangalore
4. Jaipur
5. Ferozepur
6. Poona
7. Kharagpur
8. Lucknow
9. Ahmedabad

Physical targets

	1974-75	1975-76	1976-77	1977-78	1978-79	Total
No. of families to be covered in 7 cities where the Scheme is already operating	12,500	12,500	12,500	17,500	17,500	72,500
Families to be covered in 9 new cities . . .	10,000	20,000	20,000	20,000	20,000	90,000
	22,500	32,500	32,500	37,500	37,500	1,62,500

It has been stated that it would not be possible to extend the scheme to more cities within the funds provided in the Fifth Plan.

2.15. During the course of evidence the representative of the Ministry while giving an account of the C.G.H.S. to some of the cities, stated as follows:—

"The Scheme was started in Delhi on 1-7-54. At present, we have got 71 dispensaries in Delhi under this Scheme, of

which 61 are allopathic dispensaries, 5 are ayurvedic dispensaries, 3 are homoepathic dispensaries, and 2 are mobile dispensaries. The number of beneficiaries is over 8 lakhs of people. Then, we have got to support these dispensaries with clinical laboratories—17, specialist centres—8, specialist Centres for skin diseases—14, specialist centres for medicine—35, and 1 Health Check-up Centre in the Central Secretariat.

The Scheme was extended to Bombay in 1963. We have got in Bombay 13 dispensaries, 3 Sub-dispensaries, 1 mobile dispensary and the number of beneficiaries is 1,23,000.

In 1969, the Scheme was extended to Allahabad. We have got 4 dispensaries and the number of beneficiaries is 51,974.

In July, 1971, the Scheme was further extended to Meerut with 3 dispensaries and 32,681 beneficiaries.

In July, 1972, the Scheme was extended to Kanpur with 3 dispensaries and 24, 487 beneficiaries.

On 1st August, 1972, the Scheme was extended to Calcutta with 3 dispensaries and over 17,000 beneficiaries.

This year (1973), we propose to extend the scheme* to Nagpur by the Middle of October".

2.16. The main reasons for the slow expansion/extension of C.G.H.S. at Bombay, Calcutta etc., during the Fourth Plan were stated to be as follows:—

(i) Non-availability of suitable accommodation for housing C.G.H.S. dispensaries.

(ii) Delay in getting financial clearance, and acceptance by the State Governments for the provision of specialists consultation and hospitalisation facilities for C.G.H.S. beneficiaries.

(iii) Non-availability of medical and para-medical staff.

2.17. In reply to a question as to what measures have been taken by Government to overcome the above difficulties, the representative of the Ministry stated during evidence as follows:—

"In future, the best way would be to build our own buildings. That will solve the problem of hiring private

*Since extended with effect from 16th October, 1973.

accommodation. About hiring private accommodation, there are several difficulties. The first is, suitable accommodation should be available in a central place where there is concentration of Government employees. If it is in any out-of-the-way place, it will cause inconvenience to the Government employees who go there.

Secondly, the landlord should agree to rent it out and we have to get the rent approved by the Central P.W.D. in that area, or, if there is an Estates Manager, get it approved by the Estates Manager. This procedure takes time. But so far as hospital facilities are concerned, we have necessarily to depend on the facilities of the State Governments. In Bombay, we propose to set up our own hospitals, in which case these problems will disappear. In other places as Calcutta, for example, it is difficult to negotiate with the State Governments for extension of hospital and specialist facilities for the CGHS beneficiaries".

2.18. About non-availability of medical and para-medical staff the representative stated that Government have decided that the staff should be recruited on a regional basis.

2.19. Regarding the delay in getting the financial clearance and acceptance from the State Governments, for the provision of specialists consultation and hospitalisation facilities, the representative of the Ministry stated during evidence as follows:—

"We have to make arrangements with the State Governments for specialist consultation as well as for hospitalisation for which they quote their rates, and these rates will have to be approved by the Government in consultation with Finance. Protracted negotiations take place with the State Government, and even though a meeting was held at the Deputy Minister's level with the West Bengal Government, they have still not agreed to the rates. That takes time because we depend on the State Governments for these facilities and the procedure is time-consuming".

2.20. When asked whether the question of hospitalisation rates was ever taken at the ministerial level, the representative of the Ministry replied as follows:—

"Our Deputy Minister, Prof. Kisku, has also had a meeting with the representatives of the West Bengal Government, and even then that has not expedited the matter."

2.21. A comparative statement showing the expenditure reimbursed under the Central Services (Medical Attendance) Rules in seven cities about which information is available and the estimated cost of medical survey under the C.G.H.S. is shown at Appendix II.

It will be observed from the relevant statement that the estimated expenditure under the C.G.H.S. based on direct cost of C.G.H.S. in Delhi for 1966-67 was Rs. 110/- per family per year, while the amount of reimbursement per family per year in the various cities was as follows:—

	Name of City	Amount of reimbursement per family
		Rs.
1.	Allahabad	437
2.	Kanpur	308
3.	Madras	243
4.	Meerut	209
5.	Hyderabad	252
6.	Calcutta	128
7.	Ranchi	859

2.22. In reply to a question regarding the comparative cost of medical re-imbursement and the expenditure on C.G.H.S., the representative of the Ministry stated during evidence as follows:—

"The expenditure on reimbursement is larger per family than what we incur in the CGHS dispensaries. We have made some study in selected towns like Allahabad, Kanpur, Madras, etc.

* * * *

Our average cost per family per year in the CGHS dispensary is only about Rs. 158 at present. At the relevant time, when the study was made, it was only Rs. 130. This scheme is much cheaper than the reimbursement scheme which is subject to abuse. But the reimbursement is done by the heads of the departments. It does not come to us.

* * * *

Government is the same, and so it goes from the Government's pocket. We do agree that the importance should be given to the scheme and it should be extended to the maximum possible extent."

2.23. The Committee regret to note that achievements in regard to the extension of the Central Government Health Scheme during the Fourth Plan, both in physical and financial terms, have fallen short of the targets. Against the target of 16 dispensaries for Bombay, 8 dispensaries for Kanpur and 12 dispensaries for Calcutta during the Fourth Plan period, with a coverage of 40,000, 20,000 and 30,000 families respectively, the dispensaries actually opened were 5 with a coverage of 14,100 families in Bombay and 3 with a coverage of 5,000 families each in the remaining two cities. The position in respect of other cities, except Allahabad, is also not satisfactory in regard to the coverage of families envisaged in those cities during the Fourth Plan period. Similarly, out of a total allocation of Rs. 395 lakhs during the Fourth Plan period, the expenditure actually incurred during the first four years of the Plan i.e., upto 1972-73, has been of the order of Rs. 144.35 lakhs only i.e., about 39 per cent. The slow progress in regard to the extension of this scheme in these cities has been attributed to (i) non-availability of suitable accommodation for housing dispensaries, (ii) delay in getting financial clearance and acceptance by the State Governments for the provision of specialists' consultation and hospitalisation facilities for CGHS beneficiaries; and (iii) non-availability of medical and para-medical staff. The Committee consider that with their experience of running this scheme in Delhi since 1954, it was expected that Government should have foreseen all these difficulties before planning the extension of CGHS facilities to these cities and should have taken advance action to obviate them. It appears that this was not done.

2.24. The Committee note that a provision of Rs. 750 lakhs has been made for the extension of this scheme to 9 other cities during the Fifth Plan period, covering over 1.6 lakh families. The Committee urge that, in the light of the difficulties experienced in the expansion of this scheme during the Fourth Plan period, Government should prepare detailed plans and take effective measures in advance, in consultation with the State Government, to resolve these difficulties and to ensure that there is no shortfall in extending the coverage to beneficaries as compared to envisaged targets.

2.25. The Committee note that Government had drawn up a list of 18 cities, with a population of Central Government employees other than Railways, ranging from 7,000 to 25,000 in each city for the extension of this scheme. The scheme is, however, proposed to be extended to 9 cities only, during the Fifth Plan period. The Committee have been informed that the estimated expenditure under the C.G.H.S. based on direct cost of the scheme in Delhi for 1966-67,

was Rs. 110 per family per year while the amount of reimbursement per family per year in the various cities ranged between Rs. 128 in the case of Calcutta and Rs. 859 in the case of Ranchi in the same year. It is thus evident that the expenditure on reimbursement of medical charges to Government employees under the Central Services (Medical Attendence) Rules, is much more per family than that incurred under the C.G.H.S. Moreover, according to the Government, the CGHS not only provides more efficient and comprehensive medical care but also seeks to remove the delays and difficulties caused to Government Servants, particularly to the low-paid employees, in the matter of reimbursement of medical expenses as also in regard to entitlement, domiciliary visits, specialists' consultation, hospitalisation etc. In view of the significantly lower expenditure under the CGHS and the comprehensive medical care provided under this scheme, the Committee consider that the extension of the CGHS to all the cities with a sizable population of Central Government employees (say 5000 and over), should be given high priorty. The Committee would like the Government to prepare a perspective plan for extension of CGHS facility to these cities at the earliest by laying down proper priorities, considering the population of Central Government employees in those cities.

2.26. The Committee feel that the extension of this scheme to these cities should not present any financial difficulties as, in any case, the expenditure on the reimbursement of medical charges to the Central Government servants, which is much higher, is at present being met by the various Ministries and Departments of the Government from their budgets which could easily be made available for the extension of the CGHS. **Further, it is well known that the scheme of reimbursement of medical charges has been put to abuse in a number of cases. The Committee would urge the Government to take a firm decision in this regard at an early date in the interest of economy and better medical care for their employees.**

2.27. The Committee would like to stress that in extending the C.G.H.S. facilities, it should be ensured that the quality of service is not diluted but is constantly improved.

(iii) Extension of Scheme to Semi-Government Organisations and Autonomous bodies.

2.28. The Committee have been informed that a number of semi-Government organisations have been covered under the CGHS in Delhi. A list showing the names of Semi-Government Organisations/autonomous bodies in Delhi|New Delhi covered under the C.G.H.S. is shown at Appendix III.

2.29. During the course of evidence, in reply to a question as to what was the criteria for including the semi-Government organisations/autonomous bodies under the Central Government Health Scheme, the representative of the Ministry stated as follows:—

> "We have extended this scheme in Delhi so far to 84 semi-Government agencies, and about 40 are still on the waiting list. The conditions are that the whole organisation will join the scheme. Secondly, the contribution is payable in advance and thirdly, we charge the full contribution. There is no element of subsidy involved".

2.30. When asked whether Government had considered any proposal to make Central Government employees eligible for treatment in the hospitals and dispensaries run by big public undertakings/ Railways in various cities, the representative of the Ministry replied thus:—

> "Railway Hospitals are generally not available. There is, however, one case in Bihar, Railway Hospital at Danapur, where the Railways have agreed to allow the staff of the Research and Analysis Wing of the Department of Cabinet Affairs at Neora to be treated in the hospital.
>
> So far as hospitals run by Government Industrial Undertakings are concerned, this matter was raised in the Joint Consltative Meetings and we have written to these Public Sector Industrial Undertakings, and the following Undertakings have agreed to the treatment of Central Government employees in their hospitals:
>
> (i) Kehtri Copper Mines Hospital.
> (ii) Hindustan Organic Chemicals Ltd.
> (iii) Indian Oil Corporation.
> (iv) Hindustan Shipyard.
> (v) Indian Petro-chemicals Ltd.
> (vi) Fertiliser Corporation of India.
> (vii) Ispat General Hospital, Rourkela.
>
> They have well-furnished hospitals, but they have agreed to provide medical facilities on payment to the Central Government employees. We have written to all the public sector undertakings having their own hospitals. Only these seven have agreed so far."

2.31. When asked whether such a reciprocal arrangement with the public undertakings/Railways will help in avoiding duplication and reducing costs, the representative of the Ministry replied as follows:—

> "It will certainly avoid duplication if the public-undertakings, on a reciprocal basis, extend facilities to Central Government employees. It will certainly avoid duplication and it will also reduce the cost. That is why we have taken up with them so that the Central Government employees are able to take advantage of the facilities in their hospitals."

2.32. The Committee note that CGHS in Delhi has been extended to a number of public undertakings semi-Government organisations/ autonomous bodies on payment of full contribution. Similarly, seven undertakings outside Delhi have allowed the Central Government employees to receive medical treatment on payment in the pospitals, run by them. The Committee would urge that the CGHS should extend its coverage to the employees of public undertakings, semi-government organisations etc. who desire to be covered by it and who are not already covered by the State Employees Insurance Schemes, in all those cities where it is functioning.

2.33. The Committee would also like Government to ensure that medical facilities created by the public undertakings in various cities, are made available to Central Government employees in those cities. The intention of the Committee is that there should be integrated planning in the setting up of medical facilities by the Government and the public undertakings so that there is no duplication and overlaping.

2.34. The Committee would further stress that while extending the CGHS facilities to the employees of public undertakings and semi-government organisations and vice-versa, it should be ensured that there is adequate capacity in the concerned dispensaries and hospitals and that there is no over crowding and the quality of service does not suffer.

(iv) Extension of Scheme to members of general public and ex-M.Ps.

2.35. As stated earlier the scheme has also been made applicable to Central Government pensioners and members of the general public in certain areas in Delhi.

In reply to a question regarding the number of Central Government pensioners and members of the general public who are beneficiaries to the C.G.H.S. in Delhi and other cities, the representative of the Ministry of Health stated during evidence as follows:—

> "CGHS is extended to Central Government pensioners. The number is 4224 in Delhi. In Bombay it is 389; in Allahabad 170, in Meerut 135. The scheme is made applicable to Members of the general public only in Delhi on experimental basis. That is there in 14 CGHS dispensaries. That is given provided they live in the area where those dispensaries serve".

2.36. About extending the scheme to general public the Committee during the course of evidence were further informed as follows:—

> "We are not in a position to extent, because dispensaries are overcrowded. We are not able to serve fully our own Central Government employees. We could not, therefore, extend the scheme to members of the general public. It has been done on an experimental basis in a very restricted area in Delhi where need was felt because of absence of medical facilities and there were dependents of Government servants who were not entitled to benefits under the scheme. Even dependents of MPs were there. So this scheme was extended only in respect of 14 dispensaries. That is done provided they live within that area. They are charged higher. They are charged actual cost of service"

2.37. The representative of the Ministry added that the response from the members of the general public was very poor. Only 896 families had come up for the Scheme. The Committee were further informed that Government was not thinking of extending this scheme to members of general public. The representative of the Ministry added:—

> "At present we have no capacity to do it. We have to give first preference to the Central Government employees and their families. Only then we can think of extending it to private individuals."

2.38. In a written note furnished to the Committee about extending the Scheme to Ex-M.Ps., the Ministry of Health have stated as follows:—

> "The question has been considered at length and the conclusion, arrived at, is that it would be difficult to provide

free medical treatment to ex-M.P's. as they have the same status as that of an ordinary citizen. The ex-M.P's. can join the C.G.H.S. as members of the general public where the same is in operation in the selected 14 areas in Delhi."

2.39. The Committee are glad to note that the scope of the C.G.H.S. has been widened by bringing under its purview, inter alia, Central Government Pensioners in all cities and members of the general public in certain selected areas in Delhi only. In the opinion of the Committee, this is a step in the right direction in the interest of medical care of the community at large. The Committee recommend that in the light of the experience gained in extending this scheme to members of the general public in selected areas in Delhi, Government should consider its gradual extension to other areas in Delhi and also in other cities for members of the general public.

2.40. The Committee further consider that ex-M.Ps. have rendered valuable public service. They, therefore, strongly feel that there is no reason why C.G.H.S. should not be extended to the ex-MPs. on payment of the same contribution as they were paying as MPs.

2.41. The Committee would also like the Government to extend C.G.H.S. to political sufferers who are getting pensions from Government on the basis of monthly contribution leviable on the amount of pension received by them.

CHAPTER III

MEDICAL SERVICES—ALLOPATHIC

(i) (a) Criteria for opening dispensaries

3.1. (a) The basic services viz. free attendance at the clinic, free supply of drugs, advice on family planning, ante-natal and post-natal care, domiciliary visits, emergency treatment, administration of injections, dressings, minor surgery and routine laboratory tests are provided at the Central Government Health Scheme Dispensaries.

(b) A city is divided in different zones for setting up Central Government Health Scheme dispensaries according to residential concentration of Central Government servants. Each standard dispensary on an average caters to 2,000 to 2,500 families comprising a population of ten thousand beneficiaries.

(c) A dispensary normally serves an area of a radius of three kilo-meters. If any far-flung areas are also covered|attached to certain dispensaries, those areas are generally served through mobile dispensaries.

3.2. In reply to a question regarding the criteria for extending C.G.H.S. to various places, the representative of the Ministry stated during evidence as follows:—

> "According to the number of Central Government employees stationed, that is the first criterion. The second criterion, of course, is the facility available for the accommodation of dispensaries and also facility available for specialist medical services. The Central Government hospitals are only in Delhi. In other places, we have to depend upon hospitals run either by the State Governments or by the Municipalities etc. The cases from dispensaries have to be referred to the hospitals for specialist advice and specialist medical attendance. Wherever we have been able to locate facilities both for accommodation as well as for specialist medical services, we have been opening dispensaries."

3.3. When asked whether there were dispensaries where the load was much more than prescribed, the representative of the Ministry replied as follows:—

> "We have got 13 dispensaries where the number of families is more than double the prescribed number, namely 2500 per dispensary. We propose to rationalise this and put up more dispensaries in the Fifth Plan".

3.4. The details of the 13 dispensaries and the number of families catered to by each, are indicated below:—

	Dispensary	No. of Families
1.	Kasturba Nagar	6,989
2.	Dev Nagar .	6,912
3.	Tilak Nagar .	6,325
4.	Subzi Mandi	6,216
5.	Kidwai Nagar	5,842
6.	Golc Market .	5,744
7.	Timarpur .	5,648
8.	Patel Nagar II	5,634
9.	Lodi Road I .	5,623
10.	Chandni Chowk	5,611
11.	Chitra Gupta Road	5,484
12.	Pusa Road .	5,193
13.	Karol Bagh .	5,014

The total number of families attached to the above mentioned dispensaries comes to 76,235. It follows, therefore, that these 13 dispensaries are presently coping with the work load of nearly 30 dispensaries taking into account the prescribed limit of 2,500 families per dispensary.

3.5. The number of families still to be covered under the C.G.H.S. in Delhi is stated to be approximately 31,266. The uncovered areas

are as follows:—

(1) Trinagar Complex.

(2) Ashok Vihar (Wazirpur)

(3) Janakpuri

(4) Bhagwandas Colony & Jaidev Park

(5) Vivek Vihar

(6) Mehrauli

(7) Anand Lok

(8) Punch Sheel North & South

(9) Madangir

(10) Shakarpur Complex
(11) Brahampuri
(12) Guru Anagad Nagar
(13) Kasturba Nagar
(14) Vivekanad Nagar
} Trans-Jumna Colonies

(15) Gokal Pur

(16) Adarsh Nagar Complex

(17) Rural areas adjacent to CGHS covered areas.

3.6. The Central Government Employees residing in these areas are governed by the Central Services (Medical Attendance) Rules, 1944. It has been stated that the families residing in the uncovered areas in Delhi|New Delhi will be brought under the Scheme as soon as the requisite resources are available.

(b) Performance Evaluation of Dispensaries

3.7. The Administrative Staff College of India, Hyderabad while suggesting in 1971 the constitution of a Committee for the performance of evaluation of the dispensaries had made the following recommendation:—

"Performance Evaluation of each dispensary should be carried out by a Committee consisting of following members:

a. Director, C.G.H.S.

b. Assistant Director General

c. Zonal Medical Officer

d. Representative of Health Ministry.

The committee shall objectively evaluate the working of the dispensary Weightage should also be given for such factors as good housekeeping cleanlines in dispensaries, patients complaints etc.

Evaluation shall be done on a zonal basis once in a year. The best dispensary from within each zone, as decided by the committee should be awarded a rotating shield. The event should be celebrated at the dispensary concerned for which some reasonable expenses should be sanctioned. Certificate of merit should be issued to the staff members of the dispensary that receives the shield."

3.8. When asked what action was taken by Government on the above recommendation, the Ministry have in a written note furnished to the Committee, stated as follows:—

"As suggested by the Administrative Staff College, Hyderabad, the Director (CGHS), Deputy Director (CGHS) and Zonal Medical Officers are to constitute a Committee to start performance evaluation of each dispensary. Due to lack of funds, Zonal Medical Officers have not been appointed. This suggestion will be implemented when the Zonal Officers are appointed."

3.9. In Another written note furnished to the Committee regarding the system of evaluation of the work of doctors and awarding recognition to the doctor and the dispensary, which are found to be the best, the Ministry of Health have stated as follows:—

"(i) The Director (CGHS) makes daily inspections of the dispensaries of the CGHS and observations about the working of the dispensary are noted in the inspection reports and action is taken on the report where necessary.

(ii) The record of every doctor is entered in the respective Medical Officer's confidential reports."

3.10. It is well recognised that the Dispensary Service is the backbone of the C.G.H.S. Organisation as it projects the image of the entire Scheme to the beneficiaries. It is, therefore essential that constant effort should be made to improve this Service and make it as efficient and comprehensive as possible.

3.11. The Committee note that there are 13 dispensaries in Delhi where the number of families is more than double the prescribed

number, viz. 2500 per dispensary. They urge that with a view to reduce overcrowding and congestion in these dispensaries, urgent measures should be taken to reduce the work-load on these dispensaries by opening more dispensaries in these areas at the earliest. It is necessary that a time-bound programme is drawn for this purpose. Till the opening of additional dispensaries, the strength of doctors in these dispensaries should be augmented to the extent necessary, to provide quick medical attendance to the beneficiaries of these areas.

3.12. The Committee also note that there are 17 areas in Delhi comprising about 31,266 families which have still not been covered under the CGHS and that the employees residing in these areas are governed by the Central Services (Medical Attendance) Rules. The Committee would like the Government to examine the feasibility of extending the C.G.H.S. to these areas as early as possible to enable the Government employees in these areas to have the benefit of this Scheme.

3.13. The Committee also recommend that in view of the rapid expansion of Delhi, resulting in the coming up of new colonies, Government should prepare a integrated plan to extend the C.G. H.S. to the newly developed colonies simultaneously with the development of such colonies so as to provide medical aid to Government servants residing there.

3.14. The Committee note that the Administrative Staff College of India, Hyderabad, in 1971, had recommended the constitution of a committee for the performance evaluation of each dispensary. The Committee are surprised to find that this recommendation has not been implemented by Government on the plea that Zonal Medical Officers have not been appointed so far. The Committee attach great importance to the performance evaluation of the dispensaries as it would provide objective data with a view to identifying the weaknesses and effecting necessary improvement in their working and providing better service to the beneficiaries. They, therefore, recommend that the work relating to the evaluation of dispensaries should be taken up immediately by coopting other personnel on the Performance Evaluation Committee instead of waiting for the appointment of Zonal Medical Officers.

(ii) Staffing pattern and strength of Medical, paramedical and Other Staff.

3.15. The staffing pattern of a Central Government Health Scheme Dispensary serving a population of 10,000 beneficiaries as recommended by the Central Government Health Scheme Assessment Committee is as under:—

Medical Officers (Men)	3
Medical Officers (Women)	2
Clerks	3
Nurses	2
Pharmacists	4
Medical Store Keeper	1
Laboratory technician	1
Dressers (men)	2
Dressers (Women)	1
Nursing Orderlies	2
Woman Attendant	2
Peons	2
Sweepers	2
Chowkidar	1

However, it has been stated that some variations are made in the strength of the staff of a dispensary, depending upon the number of beneficiaries and the daily average attendance etc.

3.16. In reply to a question whether the above staffing pattern was working satisfactory the Ministry of Health have in a written note furnished to the Committee stated as follows:

> "Prior to the CGHS Assessment Committee's recommendations there was no uniform staffing pattern for an Allopathic Dispensary. Based on the norms recommended by the above (Assessment) Committee the above pattern was adopted for a normal allopathic Dispensary serving the needs of 2,500 families or 10,000 beneficiaries from 1962 onwards. No change was made in the staff strength of the Dispensaries already in existence then. One Laboratory Technician and one sweeper were provided to a clinical Laboratory in the Dispensary, where it was established. The above staffing pattern is working satisfactory. The above staffing pattern was adopted only in respect of new

dispensaries. For this reason the staff strength in old dispensaries is not in accordance with the above norm."

3.17. The staff Inspection Unit of the Ministry of Finance also conducted a work study of the C.G.H.S. in 1971 and prescribed norms of the staffing pattern in respect of C.G.H.S. allopathic dispensaries. The staffing pattern is stated to be based on daily average attendence for the previous year.

3.18. According to the findings of the Staff Inspection Unit, the staff justified for the various categories of allopathic dispensaries in Delhi has been indicated in Appendix IV. It will be observed that the following staffing pattern for a C.G.H.S. dispensary serving an average population of 10,519 beneficiaries was recommended by the Staff Inspection Unit:—

Medical Officers	3
Pharmacists	2
Dresser	1
Staff Nurse	1
Medical Store Keeper	1
Clerks	2
Female attendant	1
Peon	1
Nursing Orderly	1
Sweeper	1
Chowkidar	1

3.19. It has been stated that the recommendations made by the Staff Inspection Unit have not been fully implemented, but the deployment of staff to allopathic dispensaries is being made in accordance with those recommendations subject to the availability of funds. The Ministry are awaiting from the Staff Inspection Unit the assessment of staff in respect of the following units which involve common categories of posts:—

1. CGHS Medical Store Depot.
2. Family Planning Store.
3. Family Welfare Planning Centres.
4. Ayurvedic Stores.
5. Ayurvedic Dispensaries.
6. Homoeopathic Dispensaries.
7. Specialist Centres and Poly Clinics.

8. CGHS Specialist Wings of Safdarjang and Willingdon Hospital.

9. Rajpur Road and Kingsway Camp Hospitals.

3.20. The Ministry of Health have stated that as soon as the Staff Inspection Unit's assessment in respect of the above Units is received, the review of staff strength of the Dispensaries and other Units would be made and the norms recommended would be studied.

3.21. About the work-load on the doctors working in C.G.H.S. dispensaries, the representative of the Ministry during the course of evidence informed the Committee as follows:—

> "About the working of the dispensaries and the working of the specialists, I would like to make one submission that the Staff Inspection Unit of the Ministry of Finance have made a study about the work load on the doctors working in the CGHS dispensaries and they have found that, on an average, a doctor spends 3.2 minutes on a patient. So, the staff will have to be sanctioned on the basis of that yard-stick. So far as specialists are concerned, they are going to make a study. That study is not yet complete. According to the work load and the yard-stick they prescribe, staff would be sanctioned."

3.22. When asked as to why no action had been taken by Government on the report of the Staff Inspection Unit of the Ministry of Finance, which was published in October, 1971, the representative of the Ministry of Health during the course of evidence stated as follows:—

> "This report covers only the doctors working in the CGHS dispensaries. It does not cover the specialists. We are waiting for the report on the specialists also. But, while sanctioning staff in the CGHS dispensaries by and large, we follow the criteria laid down in this report.....Unless we receive the report (on the specialists), it is very difficult to take action."

3.23. The Committee note that the Staff Inspection Unit of the Ministry of Finance had conducted a work-study of the CGHS in 1971 and prescribed norms of the staffing pattern in respect of CGHS allopathic dispensaries. The Committee find that the norms prescribed by the Staff Inspection Unit were significantly lower than those recommended by the CGHS Assessment Committee (1961) earlier. The Committee are surprised that Government have taken

no action on the report of the Staff Inspection Unit, published in 1971, on the plea that as the report covers only the doctors working in the CGHS dispensaries, they are waiting for the report on specialists also. The Committee would like the Government to implement the recommendations already made by the Staff Inspection Unit without waiting for the report on specialists as it has already taken about three years to implement them.

3.24. The Committee deplore the delay in submission of report on specialists by the Staff Inspection Unit even after a lapse of three years. In the opinion of the Committee, Staff Inspection Unit should complete the examination of the entire organisation before taking up other tasks. They would, therefore, urge the Government to take suitable steps to expedite the submission of the remaining part of the report by the Staff Inspection Unit and implement the same at the earliest.

(iii) Doctor-patient relationship and waiting time

(a) *Doctor-patient relationship*

3.25. It has been represented to the Committee on behalf of a non-official that there is a great need of establishing proper Doctor-patient relationship, but due to inadequate number of medical officers and lack of dedication on the part of some doctors, it has not been possible to achieve it.

3.26. In reply to a question regarding the persistent complaints from the beneficiaries that they receive a very casual attention from the doctors and other staff and a similar complaint from the doctors that they do not get due consideration and courtesy from the patients the representative of the Indian Medical Association stated during evidence as follows:—

> "Both the statements are absolutely correct. We have to go into the genesis of the complaint. The patients are right and the doctors are also right. The patients have to wait for hours and hours while the doctors are overcrowded and, with all the people standing around him, they have no time for personal attention. Unless and until there is personal attention, no patient will be satisfied. He wants his story to be heard by the doctor while the doctor asks him to stop his story and tell him about the complaint. So the patient says the doctor is casual, but what can the doctor do? He has a large number of patients to attend to. So, we would like the cause of this to be removed rather than pin-point the blame on the doctor or the patient."

3.27. During the course of evidence, in reply to a question as to what measures have been taken by Government to bring about improvement in the functioning of C.G.H.S. dispensaries so as to achieve the object of better attention from a doctor to a patient, the representative of the Ministry of Health informed the Committee as follows:—

> "To bring about a meeting place between the users and the Department of Health, we have set up one CGHS Advisory Committee in 1972 with the Director General as Chairman, one MP from Lok Sabha, one from Rajya Sabha, representative of Finance, Chief Welfare Officer, Department of Personnel and representatives of associations of Government Employees CSS Grade I, SO's association. The first meeting will be held next month (October 1973). We were in correspondence with various associations and it took up time."

3.28. Asked whether the Advisory Committee has since started functioning, the representative replied that they had difficulty in getting names from the associations. The names had since been received and the meeting would be called.

3.29. In a written note furnished to the Committee subsequently regarding the C.G.H S Advisory Committee, the Ministry of Health have stated as follows:—

> "*Functions of the Committee*
>
> (i) Providing a forum for the Government servants to apprise the authorities of any difficulties which beneficiaries may experience.
>
> (ii) Presenting to the Government beneficiaries view point in the formulation of policies for the functioning of the scheme with a view to improving it.
>
> *Tenure*:— 3 years.
>
> It is appointed by the Department of Health, Government of India.
>
> The Committee has so far held 44 meetings."

Regional Councils.

3.30. The Assessment Committee had in 1961 recommended the constitution of Regional Councils consisting of Welfare Officers, all

Medical Officers Incharge of dispensaries of the group, representatives of different services, and of resident Associations etc., for discussion on matters of mutual interest and for giving suggestions for better working of the dispensaries in the region. In a written note about the constitution of Governments councils, the Ministry of Health informed the Committee as follows:—

> "Regional Councils were constituted in 1968-69 but they have been suspended as the response was not very encouraging from the representatives including Welfare Officers of the area".

3.31. In reply to another question whether there was any regular forum for eliciting the view of the beneficiaries regarding the work of dispensaries and obtaining their suggestions, the Ministry have in a written note informed the Committee as follows:—

> "There are suggestion boxes in the dispensaries and action is taken on the suggestions. Suggestions from the Welfare Officers of the area are also welcomed".

3.32. The Committee feel that there is a great need for establishing proper Doctor-patient relationship. They would urge that Government should examine this matter in depth and devise suitable steps to bring about the desired doctor-patient relationship.

3.33. The Committee are happy to note that a C.G.H.S. Advisory Committee is already functioning for providing a forum for Government servants to apprise the authorities of any difficulties which beneficiaries may experience and for presenting to Government the beneficiaries view-point in the formulation of policies for the functioning of the Scheme with a view to improving it. The Committee would urge that Government should take suitable steps to ensure that the meetings of the CGHS Advisory Committee are held regularly at least every quarter, and the recommendations and assurances etc. made therein implemented to the satisfaction of the beneficiaries.

3.34. The Committee note that the Contributory Health Service Scheme Assessment Committee had in 1961 recommended the constitution of Regional Councils consisting of Welfare Officers, Medical Officers-in-Charge of various dispensaries of the group, representatives of different services and of resident Associations etc. for discussion on matters of mutual interest and for giving suggestions to improve the working of the dispensaries in the region. The

Committee understand that in pursuance of the above recommendation of the Assessment Committee, Regional Councils were constituted in 1968-69, but they were subsequently suspended as the response from the representatives as also from the Welfare Officers of the area was not very encouraging. The Committee feel that with a view to provide a forum of discussion of local problems arising in particular dispensaries, Government should consider the feasibility of reviving such Regional Councils and give due publicity to the constitution of these Councils in various areas to bring about an improvement in the working of the C.G.H.S. dispensaries.

(b) *Waiting time*

3.35. Every patient attending the dispensary has to bring his identity card, and has to wait in a queue before the room of the medical officer of his choice. He then goes to the medical officer on his turn, where he is examined by the doctor and is given necessary prescription on an out-patient ticket. He then stands in the queue before the Registration window to get his prescription entered in the Out-Patients' Register. To reduce the waiting period, two registers are maintained one for the old and the other for the new patients. In the case of new patients the medicines prescribed are also entered in the register, whereas for the old patients only the token number and serial number are noted and the prescription is handed back to the patient. The old and new patients, therefore, stand in two different queues. After this the patient goes before the dispensary window or the dressing room as the case may be. A new patient thus has to stand in a queue at three different places. In case he needs both medicines as well as dressing he has to be in four queues.

3.36. During the course of evidence in reply to a question as to what measures have been taken by Government to minimise the waiting time of patients at dispensaries, the representative of the Ministry informed the Committee as follows:—

> "We have introduced common counters for both the special and general medicines based on the recommendations of the Administrative Staff College of India depending upon the availability of accommodation. Wherever we have got ample accommodation, we have combined the special counter and general medicine counter so that a patient may stand in one counter alone rather than in two counters as at present. We have done this in order to reduce the waiting time of the patients."

3.37. When asked whether any waiting room is provided for patients, the representative of the Ministry replied:

> "In the new buildings that are coming up, we have made ample provision for the waiting room. We have also provided benches for the patients. So far we have in our own buildings about 20 dispensaries; according to the availability of funds, we have got a plan to build more and more dispensaries on our own specification. We have a set pattern in which these things are provided for."

3.38. The representative of the Ministry, however admitted that overcrowding was much more in dispensaries and hospitals in this country.

3.39. When asked as to what action Government was taking to reduce the workload in the dispensaries/hospitals, the representative of the Ministry stated as follows:—

> "We are opening up more and more dispensaries, we are constructing more and more buildings. There we are taking care to see that we minimise the overcrowding in the dispensaries. For example, more and more hospitals are coming up in the pheripheri and when they become ready, this long waiting by patients will become less."

3.40. The Committee note that at present the patients have to wait for long periods in the C.G.H.S. Dispensaries before they are able to obtain medicines. They hope that with the opening of more dispensaries and hospitals, the waiting time for patients at the dispensaries and hospitals will be reduced and over-crowding minimised. Meanwhile, it is necessary that suitable provision for waiting space and arrangements for fans and cold water at the existing dispensaries are made for the patients

3.41. The Committee would further like an expert study of the procedures of registration, dispensing of medicines etc., to be made at an early date with a view to simplifying them, and reducing the time taken at various stages. They would urge that a time-limit for this study should be laid down and the improved procedures implemented at the earliest to save the time of the patients.

(iv) Dispensing of medicines

3.42 In a written note furnished to the Committee regarding the

time which is normally taken in getting medicines after prescription from the doctor, the Ministry of Health have stated as follows:

"In May 1964 a study was carried out about the average time taken by a patient in a Dispensary and it was found that the total average time taken by a patient from registration to the final point of taking medicine was 28.33 minutes. No further study has been carried out.

The number of dispensing windows is fixed according to requirements. In newly constructed dispensaries generally three windows are provided, two for male and one for female patients. This is based on the fact that there are more male patients than female patients.

The dispensing of general and special medicines from the window is being tried in a few selected dispensaries. In case this arrangement works satisfactorily, it will be extended to all the Dispensaries depending on availability of space."

3.43. In another written note furnished to the Committee regarding the normal period for which the stock of medicines is kept in dispensaries and the procedure for indenting the medicines for the dispensaries the Ministry have stated as follows:

"Normally dispensaries stock medicines for two months and indent their medicines from the medical stores depot every two months. They are also authorised to place supplementary indents once a fortnight. In case of emergent supplies, they can place indents by hand twice a week.

3.44. The following time is taken in complying with these indents:

"2 months indent	7 to 10 days
Fortnightly indents	4 to 5 days
By hand indents	next day

Ordinary medicines are supplied in sufficient quantities to the dispensaries to be made available to the beneficiaries. However, there are unavoidable circumstances when the supplies go out of stock in Depot and as a result the dispensaries also face shortage. In such contingencies the dispensaries are allowed to make local purchase from the authorised Chemists who make the supplies on the same day so that the patients are not put to much inconvenience."

3.45. It was represented to the Committee on behalf of a non-official organisation that "facilities for dispensing of medicines are inadequate, quality of dispensing is extremely poor and leads to wastage of unlabelled drugs and can also be a health hazard. Normally one pharmacist cannot properly handle more than 100 patients per day. But, in the dispensaries each pharmacist has to handle anything upto 400 patients per day. This is possible only through a fall in quality". It was also suggested to the Committee that pre-packed dispensing supply of medicines in strips and liquids and syrups in small containers can be introduced to reduce deterioration in quality, pilferage, and time taken in dispensing and to improve the service.

3.46. In a written note furnished to the Committee in regard to the above matters, the Ministry of Health have stated as follows:

> "The statement that a Pharmacist has to handle 400 cases a day is not correct. Taking a few heavy dispensaries where the number of cards attached is more than 5,000, daily average attendance in these dispensaries is more than 700—800 patients a day. Four Pharmacists besides the Storekeepers have been posted to these dispensaries.
>
> Keeping in view the budget allocation, dispensing of medicines is already being done in strips and small containers."

3.47. In reply to a general complaint that usually the medicines prescribed by specialist are not available at the dispensaries and patients are asked to collect them in a day or two, the Director, C.G.H.S., during the course of evidence, informed the Committee as follows:

> "We have got a formulary of medicines and these are available with the dispensaries. But some of the specialists provide outside the formulary and those have to be purchased by the person from the local authorised chemists. Naturally it takes time, otherwise there is no delay. In case medicines are not available with the chemists, we have even authorised the system of re-imbursement, if medicines were purchased from the market in emergency."

3.48. About the procedure for obtaining the medicines by the dispensaries from the main store, the Director, C.G.H.S. informed the Committee during evidence as follows:

> "Bi-monthly indent is given by the dispensary according to the

requirement of the dispensary and supplementary one once in a fortnight. The peon goes and collects the medicines from the stores. We have made ample provisions. Sometimes when there is certain increase in demand due to flu, etc., the medicine has to be got from the store. The patients are not to suffer. We have given instructions to the Medical Officers that they can buy from the authorised chemists. They are authorised to purchase medicines and we have got direct dealing. Even if chemists do not have and we purchase from the market, reimbursement is made. We have taken all precautions so that the patients get medicine in minimum time."

3.49. In reply to another question, the Director C.G.H.S. added:

"If a specialist prescribes a medicine and that is not in stock, a substitute is given. But some of the beneficiaries insist on having the original medicines. They do not accept substitutes."

3.50. The Committee note that dispensing of medicines at most of the dispensaries is done at two windows—one for general medicines and the other for special medicines. Further, there have been cases where patients have to wait for medicines for days together on account of their non-availability. The Committee note that dispensing of general and special medicines from the same window, is being tried in a few selected dispensaries. They hope that this system will be introduced in all the dispensaries of the experiment proves successful in reducing the time taken by a patient to get the medicines.

3.51. The Committee would also like the C.G.H.S. to have a thorough review of their intending and stocking procedure so as to ensure that sufficient stocks of medicines are available in the dispensaries. It has to be ensured that no patient remains without a medicine prescribed to him for more than one day. The Officer Incharge of the dispensary and the store keeper should exercise constant vigilance to replenish the stocks of medicines which are exhausted or are about to be exhausted. It has to be realised that nothing irritates a patient more than not getting a medicine prescribed for him. It should be the constant endeavour of the dispensaries to remove this irritant with a view to project a better image of the C.G.H.S.

3.52. The Committee would further stress that as far as possible tablets etc., at the dispensing counter should be supplied in small envelopes instead of paper slips as sometimes is done in certain dipensaries.

(v) Specialist Services and Polyclinics

3.53. In Delhi, consultation with specialists in medicine, ENT, Skin and Eye Diseases is provided in selected dispensaries to which a group of adjacent dispensaries is attached. Besides this, separate specialist wings have also been established in the Willingdon and Safdarjang Hospitals, and cases referred by the dispensaries are examined by the specialists in those wings. The hospital specialists also arrange clinical investigations including special bio-chemical examination in the emergent cases.

3.54. In addition, five polyclinics have been set up in Pusa Road, Lajpat Nagar, Darya Ganj, Tilak Nagar and R.K. Purm. There are also two Dental Centres one in Kasturba Nagar and the other in Pusa Road.

3.55. In Bombay, a polyclinic equipped with X-ray machine and ECG has been set up along with a laboratory to provide specialist consultation and dignostic facilities. Cases requiring specialised investigation are referred to the various hospitals recognised under the Central Government Health Scheme.

3.56. It has been stated that in other cities viz. Allahabad, Meerut, Kanpur and Calcutta, the Central Government Health Scheme has neither its own hospitals nor does the number of Central Government servants covered under the scheme at present justify the establishment of polyclinics. Arrangements have, therefore, been made with the State Governments hospitals and a few other private hospitals recognised under the Central Government Health Scheme for the provision of specialist services. In those cities, specialists are, however, being employed by the Central Government to provide these facilities as far as possible at the level of the dispensary. A beginning has been made with the appointment of medical specialists at Allahabad and Calcutta.

3.57. The representative of the Ministry informed the Committee during evidence that in the Delhi the Five polyclinics were in Tilaknagar, Pusa Road, Lajpatnagar, R. K. Puram and Daryaganj. The idea was that it would reduce congestion at Safdarjung and

Willingdon hospitals and the patients would be spared of travelling all the distance to the hospitals. No evaluation of these Poly-clinics had been made so far as they were started recently.

3.58. In reply to a question as to what was the set-up of the specialists wings in the Willingdon and Safdarjung hospitals, the Director, C.G.H.S. during the course of evidence, stated as follows:—

> "There is no separate C.G.H.S. specialist wing in Willingdon Hospital except Surgical and Medical sides. For other specialities, there is no separate C.G.H.S. wing. They have to go along with the general public. The average daily number of patients in the medical speciality is 70 and 50 for surgical in Willingdon. In Safdarjung, we have an extensive specialist wing with specialists being available on the medical side, surgical side, gynaecology and obstetrics, ENT, skin, dental, pedistrics and neurology. There are 35 specialists attached to these wings in Safdarjung. The average number of patients daily examined in Safdarjung is 328 and in Willingdon 121. This is by all specialists combined."

3.59. Regarding the steps taken to avoid overcrowding in hospitals for C.G.H.S. beneficiaries, the representative of the Ministry during the course of evidence informed the Committee as follows:—

> "In most of the departments of the hospitals the CGHS beneficiaries are looked after separately from the general public. In this way, we are trying to avoid over-crowding and ensure that the same doctor is not overburdened. Further, we try to see that the specialists are sent to the various dispensaries on allotted days so that there is no overcrowding in the Central hospital and further the patients can get treatment very near to their place of residence. In this way, we are trying to decentralise the specialist service at the dispensary level. We need more hospitals and more staff. We do put up proposals from time to time but there is financial constraint. We have to manage ourselves within that limitation as best as we can."

3.60. The Director, C.G.H.S. added that in both Safdarjung and Willingdon hospitals, there was no separate C.G.H.S. Wing for Orthopedics.

3.61. In their Report the Administrative Staff College of India observed as follows:—

> "In several cases reference of the patient to a specialist is made not because of complication of diagnosis but because

of specialist's authority to prescribe some medicines. This is a medical point. What we feel is that based on professional competence regular medical officers should also be allowed to prescribe special medicine. This shall save considerable annoyance and rivalries between generalists and specialists."

3.62. The Committee are concerned to note that in Willingdon Hospital, the majority of specialists are required to look after, not only the CGHS beneficiaries but the general public as well. The Committee feel that as the specialists' services at Willingdon Hospital are also open to the general public, there are long waiting periods for the CGHS beneficiaries to avail of the service of specialists at this hospital. The Committee, therefore, recommend that there should be separate CGHS Wing in the Willingdon Hospital also as is the case in the Safdarjang Hospital where the CGHS beneficiaries are able to consult the specialists exclusively meant for them.

3.63. The Committee note that with a view to avoid rush and over-crowding at Willingdon and Safdarjung hospitals in Delhi for specialist consultation, Government have set up five polyclinics at Pusa Road, Lajpat Nagar, Daryaganj, Tilak Nagar and R. K. Puram. The Committee feel that each of these polyclinics should have the following facilities:—

1. **Beds for emergency cases.**
2. **Oxygen cylinder facilities.**
3. **Specialised laboratory examinations.**
4. **Radiological examination and electro-therapy.**
5. **Specialist services.**
6. **Initial supply of special medicines.**
7. **E.C.G. etc.**

3.64. The Committee are of the view that facilities for specialities like medicine, surgery, dentistry, ear, nose and throat, opthalmology, gynaecology and paediatrics should also be provided at these poly-clinics. The surgical specialist should be in a position to do minor operation at the poly-clinic itself.

3.65. The Committee find that no evaluation of the various poly-clinics in Delhi New Delhi has been made so far. The Committee suggest that there should be a periodical evaluation of the working of poly-clinics to bring about the required improvements in the interest of efficient service to the beneficiaries.

3.66. The Committee further note that in several cases reference of the patient to a specialist is made not because of complication of diagnosis, but because of specialist's authority to prescribe some medicines. The Committee suggest that the feasibility of liberalising the condition of prescribing the specialist medicines by other Doctors as well may be examined in the interest of efficient service to the beneficiaries.

(vi) Specialised Treatment

3.67. Specialised treatment for Cancer Polomyelitis, mental diseases, neuro-surgery etc. is stated to have been provided in the institutions where facilities for treatment of such diseases exist. The expenditure on the specialised treatment including the travelling expenses of the patient is borne by the scheme. If it is advised that an attendant is necessary, travelling expenses for the attendant are also allowed.

3.68. In reply to a question whether the C.G.H.S. beneficiaries are permitted to get reimbursement of expenses incurred by them on the advice of a senior specialist of the C.G.H.S. on treatment given by the Institutes which specialise in diseases like Cancer, T.B., Asthma etc., the Director, C.G.H.S., during the course of evidence informed the Committee as follows:—

> "In this connection, I may point out that we refer these cases to the All India Medical Institute or the Patel Chest Institute or the Patel Chest Institute at the recommendations of the Specialists. The Specialists available in Willingdon and Safdarjung hospitals are people who can treat most of the diseases. But in case they feel that the treatment is not available, e.g. in the cases requiring cardiac surgery or certain other diseases for which hospital facilities are not sufficient such cases are referred to the Institute and the cost of the entire treatment is borne by the CGHS."

3.69. The Director General Health Services supplemented the above reply as follows:—

> "In both Safdarjung and Willingdon hospitals we have got very senior specialists who are in a position to differentiate what can be treated with the resources available at the CGHS institutions and what cases are of a nature that must be referred to other institutions like the institutes you referred to. Preliminary investigations can be done in our CGHS institutions and after that if those cases are

referred to the specialised listed institutions like the TATA Cancer Hospital, or the AIIMS, etc., it becomes an easier procedure for those hospitals also to handle those cases. I have received a lot of complaints from the Directors of the specialised hospitals that a large number of people with very minor ailments which can be adequately treated by the CGHS hospitals rush to these institutions and it is difficult for them to cope with such cases. In Safdarjung, there are fairly good facilities for cancer therapy. There is a cobalt plant and a good pathology department. But there are certain types of Cancer cases which will require treatment at the Tata Cancer Hospital or AIIMS etc. When they go with the preliminary investigation report, it becomes easier for those hospitals to straight away start the treatment instead of spending weeks on preliminary investigations. We have even recommended flying of CGHS patients abroad for treatment of certain cardiac diseases requiring replacement of valves etc. for which facilities within the country are deficient. We have paid not only the to and fro expenditure of the patient but also of the person accompanying the patient to the various hospitals in India."

3.70. Asked if Government reimburse the cost of antigen injections, the D.G. stated as follows:—

"Yes. If medicines prescribed by those hospitals are available with us, we give those medicines. If they are not available, we reimburse the cost."

3.71. The Committee note that specialised treatment for Cancer, Poliomyelitis, mental diseases, neureo-surgery etc. is provided to C.G.H.S. beneficiaries in the institutions where facilities for treatment of such diseases exist. In view of the nature of illness requiring specialised treatment, the Committee suggest that Government should ensure that there is no difficulty for the C.G.H.S. beneficiaries to get admission in the relevant hospitals and the reimbursement of the medical charges, where admissible in such cases, is allowed to them expeditiously.

(vii) Clinical Laboratory and X-ray facilities

3.72. In the beginning of 1965, 8 laboratories were functioning in the various Central Government Health Scheme dispensaries and another 8 were added during 1965-66 bringing the number of

clinical laboratories to 16. The laboratories are stated to be functioning satisfactorily and the number of tests carried out have increased from year to year. The list of 16 clinical laboratories at Delhi/New Delhi upto March, 1973 is as follows:—

1. Daryaganj
2. Wellesley Road
3. Pusa Road
4. Kasturba Nagar
5. Lajpat Nagar
6. S. N. Market
7. Moti Bagh
8. Subzimandi
9. Dev Nagar
10. Chitra Gupta Road
11. Tilak Nagar
12. R. K. Puram III
13. Lakshmibai Nagar
14. Srinivaspuri
15. Shahdara
16. Rajouri Garden

3. 73. During the course of evidence, the Director, C.G.H.S. admitted that the work load in X-ray, Skin and Bone Departments and Laboratories in the hospitals was very much and the patients had to wait for a long time.

3.74. In reply to a complaint made to the Committee that it takes ten to fifteen days for X-ray or laboratory test reports to reach dispensaries from hospitals, the Director, C.G.H.S. informed the Committee during evidence as follows:—

> "This has been examined and this has also been discussed with the Ministry and the Scretary. The system is that, from the hospital all the reports are taken to a Central point, that is, Nirman Bhavan and from there they are taken by the peons of the respective dispensaries to the different dispensaries. We have 62 dispensaries and they are situated at different places, at different distances, from the Nirman Bhavan. In order that the reports are made available quickly, we are proposing to have three wheeler scooters so that with the help of these

scooters, the reports and all the details can be sent speedily. The courier system is to be blamed, if at all, there is delay. This has been discussed with the Medical Superintendent also. Time is taken in drying up the film and in writing the report. The report cannot be sent unless the film is dried. A wet film cannot be sent. It easily takes three days for the film to dry and for the doctor to write the report. We should also take into consideration the over-crowding in the hospitals, the number of X-rays to be taken and the staff that is available etc. There is no use sending the report without the film. The X-ray films are to be sent with the reports and this is what takes time. After the reports are sent, it takes another day for distribution. This does not take more time. The Medical Superintendent has asked for extra staff for the laboratory. He would like to have for the X-ray department, one Senior Radiologist, three Registrar, one Senior Radiographer, one Dark Room Assistant and two LDCs. He has asked for more staff, keeping in view the work-load, so that he will be able to keep pace with the work. This will be considered and more staff will be provided so that the work may be expedited".

3.75. To a suggestion whether it would help if the X-ray is handed over personally to the patient of the beneficiary, the Director, C.G.H.S. replied "If you allow a patient to take the X-ray report himself from the hospital, this will lead to misuse."

3.76. In reply to a suggestion that Laboratory facilities may be provided in the dispensaries themselves and that there should also be the arrangements for testing blood-sugar and for taking E.C.C. at the dispensaries, the Director, C.G.H.S., stated as follows:—

"We do not have such facilities in every dispensary. There are 62 dispensaries and it is not possible to set up a laboratory in each. We have attached a group of dispensaries to a laboratory. We agree that the facilities should be increased. We are shortly introducing blood-sugar testing. As for ECG, it is a very delicate machine which has to be used by specialist hands and it will not be possible to give a machine to every dispensary because every doctor is not trained to read the cardiogram.

In five polyclinics we propose to introduce the ECG, machine, but not in all the dispensaries."

3.77. The Committee note that in Delhi there are 16 clinical laboratories to which a group of dispensaries are attached. The Committee feel that there should be arrangements for routine examination of blood, blood-sugar, urine, stool etc. in dispensaries where the quantum of work so justifies, leaving only detailed clinical examination to be done at the various clinical laboratories in hospitals. The Committee would suggest that Government should ensure that the results of the laboratory test are sent to the respective dispensaries from the clinical laboratories within twenty-four hours.

3.78. The Committee are constrained to note that it takes unusually long time for the X-ray and other laboratory reports from the hospitals to reach the respective dispensaries. The Committee understand that the main reasons for delay in the receipt of X-ray and clinical reports at the dispensaries are due to courier system and shortage of staff in the X-ray Department and laboratories. The Committee would like the Government to examine in detail the reasons for delay in making available laboratory and X-ray reports and take effective measures to obviate the difficulties in this regard and to ensure that those reports are made available within 48 hours at the latest.

(viii) Family Folder

3.79. In their Report No. 3, the Administrative Staff College of India, Hyderabad, which undertook the study of the working of C.G.H.S. made a suggestion for introducing 'Family Folders'. It has been stated by Government that the exercise about the introduction of 'Family Folders' was done by C.G.H.S. previously, but keeping in view the abnormal cost of printing the folders, staff and furniture required to manage the folders, shortage of storage space in most of the dispensaries and need to have more medical officers, the proposal was dropped. It was, however, felt by Government that the 'Family Folder' was a useful record for the beneficiaries and their families and as and when were available, family folder system would be introduced.

3.80. The Committee feel that for efficient medical care it is necessary that the history of treatment given to a particular patient is always available to the doctor. At present the prescriptions given to the patients are taken away by them and are often destroyed. At the time of the next visit of the patient to the dispensary, the doctors have no knowledge of the previous treatment. The Committee realise that the maintenance of permanent case cards for each patient would involve much clerical work and ex-

penditure. While the maintenance of Case Cards for each patient should be the ultimate objective, the Committee would like that a beginning may be made in the case of chronic diseases, at the discretion of the Medical Officer.

(ix) Family Welfare Planning Centres

3.81. Family Welfare Planning Centres under whole-time lady Medical Officers were established in 1955 in six dispensaries under the Central Government Health Scheme. The total number of such Centres at present was stated to be fourteen. Besides these 14 Centres, 28 sub-centres are also functioning in other dispensaries. Clinics in these sub-centres are held once a week. The centres under the Central Government Health Scheme are also open to the public.

3.82. Family Planning services are also provided through spot-clinics which are held in areas situated at some distance from the main centres. Distribution centres have been established in some of the larger offices and industrial establishments. Besides giving advice and guidance to the married couples, these centres supply family planning appliances free of cost.

3.83. I.U.C.D. programme was introduced under the Central Government Health Scheme in May, 1965, in three centres on an experimental basis. It was subsequently extended to all the 14 centres and 28 sub-centres. Antenatal services and well-baby services are provided in the 14 main centres and 28 sub-centres as well as in well-baby clinics. The staffing pattern in a Family Welfare Planning Centre is stated to be as under:—

Lady Medical Officer Incharge	1
Lady Medical Social Workers	2
Lady Health Visitor	1
Medico Social Worker (Man)	1 (part-time)
Lady Clerk	1 (part-time)
Woman Attendent	1
Peon	1

Publicity-*cum*-educational programmes like film shows, holding of meetings, contacting leaders of the areas etc. were given by the

staff attached to the family welfare centres. The progress of work done at the centres for the last 3 years is stated as follows:—

	1969-70	1970-71	1971-72
1. No. of persons who visited centres for consultation	8,887	13,648	80,737
2. Clinical Attendance :			
(i) New Attendance	49,408	64,537	71,648
(ii) Old Attendance	1,19,240	1,83,381	2,19,227
TOTAL	1,68,648	2,47,918	2,90,875
3. Sterilisation done	430	489	990
4. No. of first IUCD insertions	586	1,497	1,270
5. *No. of pieces of contraceptive issued* :			
(a) Condoms	18,04,081	26,86,697	29,21,843
(b) Diaphragms	366	222	459
(c) Jelly	8,047	6,174	6,008
(d) Foam Tablets	80,87	52,177	40,484
(e) Applicators	3,570	2,914	3,237
(f) Oral Contraceptive	2,082	2,661	2,722
(g) Immunisation-Triple Vaccine	570	1200	1700

3.84. In reply to a question whether Government had carried out any survey about Family Planning Programme amongst the families of Class IV Government employees, the Director, Department of Family Planning, during the course of evidence, informed the Committee as follows:—

> "So far as Family Planning is concerned, the facilities are being given to all on a voluntary basis. In the current and future years, the emphasis is being placed on the family planning in J. J. colonies and Class IV people in which 8 lakhs of people have been proposed for coverage. I do not have the figures readily but the C.G.H.S. dispensaries are particularly concentrating on that and they along with voluntary organisations like the Family Planning Association of India are concentrating more and more on the lower-socio-economic section. There is no separate information available for that".

3.85. When asked whether Government had made any study of the indigenous method of family planning which was practised among the tribals of Orissa, the Adviser, Indigenous system of Medicines replied, during evidence, as follows:—

"We have made some studies about the utilization of various indigenous plants known not only to the tribal people, but also to other and indigenous practitioners. We have got about 800 such drugs which are either commonly used or claimed to be having effect in family planning. 13 such drugs have been taken up for research and it has been found that 4 of them are giving encouraging leads in the experiments on animals.

"We have also taken up two drugs for clinical trials. It may take atleast another 3 years for us to get a complete result about the clinical trials."

3.86. The Committee are happy to note that emphasis is being laid on the Family Plansing in J.J. Colonies and Class IV employees. Government have, however, no separate figures about the coverage of Class IV Central Government employees. The Committee, while reiterating the following recommendation contained in para 6.25 of the 13th Report of Estimates Committee (Fifth Lok Sabha), would emphasise that as Famiy Planning is most needed among the lower grade employees, Government should keep a record of such employees area-wise so that the Family Planning measures could be undertaken more effectively in the areas where there is large concentration of such employees:—

"The Government have a net-work of Central Government dispensaries under the Central Health Service Scheme with a vast organisation in Delhi, the Committee feel, there is no reason why the CGHS should not be able to push through the programme of Family Planning and act as a model for other such schemes. They should lay greater emphasis on extension work and particularly concentrate their attention on Government employees coming from weaker sections by intensifying their programme in Class IV residential colonies."

CHAPTER IV

MEDICAL SERVICES—AYURVEDIC & HOMOEOPATHIC

(i) Ayurvedic & Homoeopathic Dispensaries

4.1. Besides the provision of treatment in Allopathic system of medicines, arrangements for the provision of treatment in Homoeopathy and Ayurvedic systems of medicines have also been made under the C.G.H.S. These facilities exist in Delhi for the present. This is stated to be an additional facility. A list showing the number of dispensaries under the Homoeopathic and Ayurvedic systems of Medicines in Delhi is as follows:—

(i) AYURVEDIC DISPENSARIES.

Sr. No.	Name of the Dispensary	Year of opening
1.	Gole Market	1963
2.	Kidwai Nagar	1966
3.	R. K. Puram	1969
4.	North Avenue	1969
5.	Dev Nagar	1969

(ii) HOMOEOPATHIC DISPENSARIES

Sl. No.	Name of the Dispensary	Year of opening
1.	R. K. Puram	1962
2.	Gole Market	1967
3.	Dev Nagar	1972

4.2. The Ministry of Health have also stated that efforts to establish Homoeopathic and Ayurvedic dispensaries in cities other than Delhi/New Delhi, are being made. A policy decision for the

establishment of such dispensaries has already been taken, but it could not be implemented for want of additional funds.

4.3. In reply to a question as to when the decision for establishment of Homoeopathic and Ayurvedic dispensaries was taken, the repreSestative of the Ministry stated during evidence as follows:—

> "A decision to this effect was taken at the level of the Ministry of Health on 15th June, 1970. Though the proposals have been drawn up in this connection, the same could not be implemented due to paucity of resources."

4.4. In reply to another question as to when such dispensaries would be set up in the other cities covered by the CGHS, the representative replied as follows:—

> "Such dispensaries would be set up as soon as the requisite funds are made available for this purpose. Ayurvedic and Homoeopathic dispensaries will be established in each of the cities where the scheme is in operation."

4.5. When asked whether Ayurvedic and Homoeopathy were treated at par with Allopathy for purposes of allocation of funds or any priority was assigned to the modern system of medicines, the representative of the Ministry of Health stated during evidence as follows:—

> "This depends on the beneficiaries. There is no restriction. They are at liberty to take advantage of any system."
>
> During the Fifth Plan, we will set up Homoeopathic and Ayurvedic dispensaries in all the cities which are covered by CGHS."

4.6. The Committee enquired about the *per capita* cost of treatment under each of the Allopathic, Homoeopathic and Ayurvedic systems of medicines in CGHS and how the same compared with that in other States and local bodies. In a written note the Ministry have stated as follows:—

"The cost on medicines per spell of sickness and per attendance for three systems of medicine during 1972-73 is given below:—

System	Cost per spell of sickness (for medicines only)	Cost per attendance
Allopathic	4·21	1·57
Ayurvedic	5·95	1·99
Homoeopathic	1·24	0·36

The figures in respect of the Municipal Corporation of Delhi are given below :

System	Cost per spell of sickness (for medicines only)	Cost per attendance
Allopathic	0·65	0·32
Ayurvedic	0·27	0·08
Homoeopathic	0·20	0·07

The CGHS provides comprehensive health care and the formulary consists of large range of medicines many of which are costly. This is not so in the case of Municipal Corporation of Delhi."

4.7. The Ministry have not furnished the information in respect of the *per capita* cost incurred in other States.

4.8. In reply to a question as to what was the criteria for the setting up of Ayurvedic and Homoeopathic dispensaries for CGHS beneficiaries, the representative of the Ministry during the course of evidence informed the Committee as follows:—

"On demand from beneficiaries including Members of Parliament, we have opened five Ayurvedic dispensaries and three Homoeopathic dispensaries in Delhi, and beneficiaries are free to go either to the allopathic hospitals or Ayurvedic or the Homoeopathic dispensaries and to the extent the patients are treated in these dispensaries of indigenous system of medicine, to that extent there is a

reduction in the load on the allopathic dispensaries. No systematic study has yet been made about the impact of these dispensaries on the allopathic CGHS dispensaries."

4.9. In reply to another question about the expansion of Ayurvedic and Homoeopathic CGHS dispensaries, the representative of the Ministry stated during evidence as follows:—

"It is proposed that in all other cities where the CGHS Scheme has been extended, we shall set up in the Fifth Five Year Plan at least one homoeopathic and one ayurvedic dispensary. Also it is proposed that in the two new allopathic dispensaries which we shall set up in Delhi, we would have one wing of the ayurvedic and homoeopathic dispensaries attached to the allopathic dispensaries. And if that experiment succeeds, in future, we shall have that pattern in each new allopathic dispensary that we would set up. We would have a wing of the homoeopathic and ayurvedic dispensary attached to that dispensary so that the members can avail of the services either of allopathy or homoeopathy or ayurvedic according to their requirements."

4.10. The Committee note that there are only five Ayurvedic and three Homoeopathic dispensaries for all the CGHS beneficiaries throughout Delhi as against 63 Allopathic dispensaries. During the Fifth Five Year Plan, however, Government propose to set up Homoeopathic and Ayurvedic dispensaries in all the cities where the C.G.H.S. is in vogue. The Committee further note that Government have decided that in the new dispensaries proposed to be set up in Delhi, arrangements are to be made to have an attached wing of the Ayurvedic and Homoeopathic dispensary and that similar pattern would be followed elsewhere in future. The Committee welcome this development. They have no doubt that in the light of experience gained of the functioning of such composite dispensaries, Government will ensure that similar facilities for Ayurvedic and Homoeopathic treatment are available in all the new dispensaries which would be set up in future. As regards the opening of Ayurvedic and Homoeopathic wings in the existing dispensaries, the Committee would like Government to review the position in the light of the experience gained in the functioning of the new composite dispensaries and based on the preference of beneficiaries, take concrete measures to provide these facilities in the existing dispensaries as per a time-bound programme.

4.11. The Committee consider that the co-existence of Allopathic, Homoeopathic and Ayurvedic system of medicine provides an ideal laboratory where modern technology and ancient knowledge react on one another and can be used to bring about effective remedies for various diseases. The Committee would like the Government not to deny full facilities to the indigenous systems of medicine so that these systems are fully utilised for bringing relief to the beneficiaries who wish to avail of them.

4.12. The Committee note that Government have not so far collected the comparative figures of per capita cost of the three systems of medicines in the various States like Gujarat, Kerala, etc. The Committee would like the Government to collect the relevant information from the State Governments with a view to effect improvement. The Committee would also like to stress that they are for the provision of comprehensive medical coverage being given to the CGHS beneficiaries in the form of medicines and hospital facilities. They would, however, like that strict watch should be kept on overheads and other administrative expenditure so as to keep them to the minimum. The effort should be to provide the best medical care to the CGHS beneficiaries.

(ii) Staffing pattern and strength of medical, para-medical and other staff

4.13. In a written note furnished to the Committee regarding the staffing pattern of Ayurvedic and Homoeopathic dispensaries and how it differed from that of allopathic dispensaries, the Ministry of Health have stated that:

> "The staffing pattern followed so far in respect of Homoeopathic, Ayurvedic and Allopathic Dispensaries are given below:—

	Ayu.	Homeoeo.	Allopathic
Ayurvedic/Homoeo. Physicians/Medical Officers (male)	2	1	3
Ayurvedic/Homoeo. Physicians/Medical Officers (female)	1	1	2
Clerks	1	..	2
Nurses		..	1
Pharmacists	2—3	2	4

	Ayu.	Homoeo.	Allopathic
Store Keeper-cum-Clerk (H) Pharmacists-cum-Clerks (Ayu,) Medical Store Keeper . . .	1	1	1
Laboratory Technician			1
Dressers (male)			2
Nursing orderlies			1
Female attendants (in case of a Female Physician is provided)	1		2
Peons .	1—2	1	2
Sweepers	2	1	2
Chowkidar	1	1	1
Labourers	1—2		

The Staff Inspection Unit has also undertaken the work study of Ayurvedic and Homoeopathic Dispensaries. Their recommendations regarding staffing pattern are still awaited.

As Homoeopathic Physicians and Ayurvedic Physicians do not give injections, no Nurse is provided to these dispensaries, although a nurse is provided in each Allopathic dispensary. Similarly no dressing is done either in the Ryurvedic or Homoeopathic dispensaries whereas dressing is a part and pacel of the normal working of the Allopathic System. The Store Keeper in the Allopathic dispensary handles all costly items of Allopathic medicines whereas no specific post of Store-keeper is sanctioned for the Ayurvedic Dispensary. The Stores are handled by either a Pharmacist-cum-clerk (Ayurvedic) or a senior Ayurvedic Pharmacist in the Dispensary. In the Homoeopathic Dispensaries the stores are under the charge of a Store-keeper-cum-Clerk (Homoeo).

The Allopathic dispensaries cover the entire length and breadth of Delhi and New Delhi and medical facilities are provided to the beneficiaries according to areas allotted to each dispensary. Emergency services are also provided to the beneficiaries through 29 functioning dispensaries which work round the clock. A doctor is provided for night duty, another doctor for emergency day duty in each functioning dispensary. No such arrangement exists in any Ayurvedic or Homoeopathic Dispensary.

The sanctioned staff for the five Ayurvedic and three Homoeopathic dispensaries and the number of the posts filled and number of posts vacant as on 1st September, 1973 is given below:—

Category of staff	No. of posts as on 1-9-73		Remarks
Ayurvedic system of Medicines	Sanctioned	Filled	Vacant
1. Ayurvedic Physicians	13	13	
2. Store Officer	1	..	1*
3. Ay. Pharmacist-cum-Clerk	4	4	
4. Ay. Pharmacists	12	12	
5. U. D. Clerk	2	2	
6. L. D. Clerks	7	7	..
7. Female Attendants	3	3	..
8. Peons	8	8	
9. Labourers	12	12	..
10. Chowkidars	5	5	..
11. Sweepers	8	8	..
Homoeopathic system of medicine.			
1. Homoeo. Physicians	7	7	
2. Store-keeper-cum-Clerks (H)	4	3	1**
3. Pharmacists-cum-clerk/Pharmacist (Homoeo)	5	5	
4. Peons	4	4	
5. Sweepers	3	3	
6. Chowkidars	3	3	

All sanctioned posts are filled except the post of Store Officer. No Homoeopathic Pharmacists is eligible for the promotion to this post. The post is being downgraded and will be filled by a Homoeo. Pharmacist."

*S. I. Unit have been requested to assess the post before the question of declaring the posts as Gazetted or Non-gazetted and framing of recruitment rules etc. are considered.

**No Homoeo. Pharm. is eligible for promotion. The post is being down graded and filled by apptt. of home. Pharmacist.

4.14. It was represented to the Committee on behalf of certain Ayurvedic and Homoeopathic physicians attached to the various CGHS dispensaries that for a long time they had been appealing to the Ministry of Health for parity in pay scales, non-practising allowance and promotional avenues with the Allopathic physicians in the CGHS.

4.15. In a written note furnished to the Committee about the rules of recruitment for Ayurvedic and Homoeopathic doctors and how they compare with those of Allopathic doctors and what were the differences, if any, in the scales of pay etc. of doctors|specialists of the three systems of medicine, the Ministry of Health have stated as follows:—

> "The required information in regard to rules of recruitment, qualifications and other conditions like experience etc. laid down for the posts are given in the comparative statement at Appendix V.
>
> There are no posts of Ayurvedic and Homoeopathic Specialists sanctioned under the Department of Haelth. The scales of pay and Non-practicing allowance of doctors of the three systems of medicine viz., Ayurvedic, Homoeopathic and Allopathic were the same as Rs. 325—800 plus NPA @ 25 per cent of pay subject to a minimum of Rs. 150 p.m. However, the Central Health Service was constituted on 9th September, 1966 and the allopathic doctors have been included in the Central Health Service. After the C.H.S. has been constituted they are getting pay and NPA according to the grade of C.H.S. In addition they are also getting four advance increments if they possess post-graduate degree and two advance increments if they possess post-graduate diploma qualification."

4.16. In reply to a question whether any specialists for Ayurvedic and Homoeopathic dispensaries have been appointed the Director,, C.G.H.S. informed the Committee during evidence as follows:—

> "No specialist doctors have been appointed so far in Ayurvedic and Homoeopathic system of medicine, but the Advisers in the indigenous systems of medicines and homoeopathy and the Senior Research Officers are consulted by the beneficiaries. One honorary consultant in ayurvedic system is visiting the ayurvedic dispensaries on various days of the week.

The Chief consultant in ayurveda is an eminent physician. His services have been taken in an honorary capacity and he is going to the different dispensaries."

4.17. The Committee note that the recommendations of the Staff Inspection Unit of the Ministry of Finance regarding the staffing pattern of Ayurvedic and Homoeopathic dispensaries are still awaitted. The Committee have elsewhere recommended that the Ministry of Health should take suitable steps to ensure that the Report of the Staff Inspection Unit on the staffing pattern of Ayurvedic and Homoeopathic dispensaries is expedited and early decision taken by Government in pursuance of such recommendations.

4.18. The Committee understand that the scales of pay and non-practising allowance in the case of Ayurvedic and Homoeopathic physicians are lower than those admissible to the Allopathic doctors under the CGHS. The Committee find that in the beginning, the scales scales of pay and non-practising allowance of the Allopathic, Ayurvedic and Homoeopathic doctors serving in the CGHS were the same. But when the Central Health Service was constituted in 1966, the Allopathic doctors were given the benefit of higher scales of pay and non-practising allowance, according to the grades of Central Health Service. The scales of pay and non-practising allowance of Ayurvedic and Homoeopathic doctors were not simultaneously revised. The Committee are unable to appreciate why the scales of pay of doctors of the three systems of medicines were not revised at the same time with a view to maintain parity. The Committee trust that suitable action will be taken by Government without delay in this regard.

4.19. The Committee note that while specialist doctors have been appointed on the side of Allopathy, no such specialists except one Adviser each has been appointed for Ayurvedic and Homoeopathic systems. The Committee feel that keeping in view the advances made in Ayurvedic and Homoeopathic systems and the preference of beneficiaries, Government should examine the question of appointing either more advisers or specialists, to meet the needs of beneficiaries, desiring Ayurvedic and Homoeopathic teratment. The Committee need hardly point out that if the quality of service and the scope of facilities for treatment by Ayurvedic and Homoeopathic systems is made comparable to what is available in Allopathic system, there is bound to be greater response for these systems from the beneficiaries as it is well known that these systems suit well the genius and temperament of our people for a variety of ailments.

(iii) Losses incurred on drugs declared unfit

4.20. The Committee were informed by a non-official that Ayurvedic medicines were either sub-standard at the time of purchase or the same were purchased much in excess of requirements and also that after the purchase no serious efforts were made to dispose them off seriously so as to avoid wastage of public money. When asked to explain the position, the Ministry of Health have in a written note stated the position as follows:—

> "The medicines were purchased on the basis of actual consumption in the then existing two dispensaries over the past years and also keeping in view the fact that three more additional dispensaries were to be opened. The three additional dispensaries were, however, opened somewhat behind the schedule. Opening of two more dispensaries (Timarpur, Tilk Nagar areas) was also contemplated but this could not be accomplished as the necessary funds were not sanctioned in the budget. In view of the foregoing, the medicines could not be utilised with the normal course of time. However, efforts have all along been made to utilize the medicines which is evident from the fact that out of the entire purchase of a large number of medicines during the said period, only 45 compound medicines and 46 single drug items remain in stock. The stock of compound drugs is being steadily utilized and in the case of a number of items the balance in hand is just one or two vials."

4.21. When asked during the course of evidence as to why the three Ayurvedic dispensaries could not be opened in time, the Director, C.G.H.S. informed the Committee as follows:—

> "The three Ayurvedic dispensaries could not be opened as the accommodation was to be placed at our disposal by the Director of Estates. This accommodation was first in possession of Government employees and there was delay. They were to be provided with alternative accommodation. This was the reason of delayed opening of dispensaries. R. K. Puram Dispensary was opened on 14th February, 1969, North Avenue dispensary was opened on 31st March, 1969, Dev Nagar dispensary was opened on 2nd June, 1969."

4.22. When asked as to why provision for the purchase of medi-

cines for these dispensaries was made without ensuring their actual functioning, the Director, CGHS stated during evidence:—

> "Provision for the medicines and proposals for three dispensaries was made so as to avoid delay in the functioning of the dispensaries since the accommodation became available. If the purchase procedure would have started after the accommodation became available it would have taken another 3-4 months for the dispensary to function".

4.23. In reply to a question as to why the medicines were purchased for the two dispensaries for the opening of which necessary funds were not sanctioned, the Ministry of Health have in a written note stated as follows:—

> "The medicines were purchased within the sanctioned budget grant for the year 1968-69 (Budget Estimates—Rs. 3.00 lakhs and Revised Estimates Rs. 4.28 lakhs) which was intended for five dispensaries only. It was also proposed to open a pharmacy for which Rs. 50,000 was provided in the B.E. for 1968-69."

4.24. As regards the medicines purchased, the Director C.G.H.S. during the course of evidence added, "These medicines were affected by fungus and it was not thought proper to use them because they were not fit to be used."

4.25. The Additional Secretary of the Ministry during the course of evidence informed the Committee as follows:—

> "The dispensary was to be opened in residential quarters under the control of the Directorate of Estates. They assured us that the quarters would be made available. Unfortunately there were some tenants in those quarters who had to be offered alternative accommodation. We could not anticipate as to how long it will take for those tenants to be provided alternative accommodation. Therefore, in order to ensure that as soon as the accommodation becomes available, the dispensary would start functioning, in anticipation of that, these medicines were purchased. If we had waited for the quarters to fall vacant, then we would have gone for purchase of medicines after that and it would have taken three months, and for three months, the dispensary would not have functioned. That is the position."

4.26. In a written reply to another question as to why provision for purchase of medicines for these dispensaries was made without ensuring their actual functioning, the Ministry informed the Committee as follows:—

> "Stocks had to be build up not only for the existing 2 dispensaries (Gole Market and Kidwai Nagar) but also for the three dispensaries anticipated to be set up.
>
> Medicines worth Rs. 4.17 lakhs were purchased during 1968-69. There is always a time lag between the action for the purchase and the supplies. Procurement action is related to provisioning for future use as any supply of medicines ordered takes some months to arrive."

4.27. In reply to a question as to why the three Ayurvedic dispensaries could not be opened in time and what was the time gap between their proposed and actual dates of functioning, the Ministry of Health have in a written note furnished to the Committee stated as follows:—

> "The three ayurvedic dispensaries could not be opened in time as there was difficulty in securing suitable accommodation from the Directorate of Estates for the purpose. It was after vigorous efforts, including shifting of the then allottees of these premises to alternative accommodation that possession of the respective premises was obtained from the Directorate of Estates. Only then the dispensaries could be opened therein after furnishing these with the necessary equipment and stores. These dispensaries were proposed to be opened in January or February, 1969. They were actually opened—(i) on 14th February, 1969 at R. K. Puram, (ii) on 31st March, 1969 at North Avenue and (iii) on 2nd June, 1969 at Dev Nagar."

4.28. It was represented to the Committee by a non-official that certain Ayurvedic drugs purchased in 1963-64 and 1967-68 for C.G.H.S. have been declared unfit for use and which being in excess of stock have been dumped in the C.G.H.S. dispensaries.

4.29. When asked to explain the position in detail, the Ministry have furnished a statement showing the quantity of medicines, which were declared unfit for use since 1970-71 and total losses sustained by C.G.H.S. by declaring the crude drugs as unfit for use (Appendix VI). It will be seen therefrom that the total loss for the 47 medicines which were declared unfit for use amounted to Rs. 5,516.80. It has been stated that no crude drug had been declared unfit for

use after 6th August, 1970. It has also been stated that no scientific criteria have been fixed so far for declaring the medicines unfit for the Ministry have in a written note furnished to the Committee have in the Ayurvedic Store and by the Internal Audit Unit once a year.

4.30. In reply to a question whether lot of Ayurvedic medicines were dumped without actually being intdented because the same were purchased much in excess or were of sub-standard quality, the Ministry have in a written note furnished to the Committee have stated as follows:

> "Medicines were supplied to the dispensaries against their regular fortnightly indents and normally only those medicines were supplied which were asked for in the indents. Some of the medicines in stock which were subsequently removed from the formulary or were otherwise surplus were also sent to the dispensaries as substitutes for other medicines. The list of such medicines as are still in stock is at Appendix VII. No medicines of sub-standard quality were purchased."

4.31. In reply to another question as to whether the medicines purchased for the three Ayurvedic dispensaries which could not be opened in time were purchased on the advice of the Purchase Committee, and what was the total cost of the medicines purchased, the Ministry have in a writen note stated as follows:—

> "Assessment for the requirement for medicines was made by the Ayurvedic Physician Incharge (Stores) on the basis of the past consumption. The Purchase Advisory Committee consisting of Adviser (ISM), Deputy Drugs Controller and D.A.D. (Stores) CGHS, decided the quality of medicines and the source from which these were to be purchased. Total cost of medicines purchased during the year 1968-69 was Rs. 4,17,916.72 P. Out of this amount the cost of single drug items amounted to Rs. 18,764.23 P".

4.32. To a question as to how these medicines for the proposed new dispensaries were disposed of, the Ministry have in a written note informed the Committee as follows:—

> "The compound drugs have mostly been utilised and the remaining ones are being utilised subject to technical opinion. However, of the single drug items valued at Rs. 18,764.23 P. purchased during the said year, drugs of

the value of Rs. 5,004.80 P. have got deteriorated. Of these, medicines of the value of Rs. 2,979.79 have been written off and action to write off the remaining medicines valued at Rs. 2,025.01 is being taken. Single item drugs were purchased partly for preparing kwaths and Araks for use as compound medicines in the dispensaries and partly for issue as such to the patients. The work of preparing Araks and Kwaths was being done ever since the beginning. After preparation of compound medicines from these single drugs, these were issued to the patients. A full fledged ayurvedic pharmacy could not be opened and the funds earmarked were diverted for other use."

4.33. To a question as to what steps have been taken by Government to avoid recurrence of such purchases, the Committee have been informed as follows:—

"(a) The Ayurvedic Stores have been shifted to separate premises under an Officer-in-Charge, Ayurvedic (Stores). Formerly, they were housed in the Gole Market Dispensary and the Physician-in-Charge there had to look after its work. The space for the stores was in-adequate being housed in one room only with a temporary structure in the compound.

(b) Office staff consisting of one UDC and three LDCs, are now posted to the Ayurvedic Stores. During 1968-69, only one LDC was provided for all the purchase work in the Ayurvedic Stores.

(c) The procedure for the purchase of medicines has been streamlined. The requirements of medicines are assessed on the basis of past four months expenditure. Medicines in the essential category are purchased equal to six months' requirements and those in the general category equal to four months' requirements. The stocks in hand and supplies on the way from the suppliers are also taken into account while working out such requirements.

After the requirements have been assessed, tenders for the medicines are invited with their samples. The samples are approved by a Committee consisting of:

1. Adviser, I.S.M. Ministry of Health and Family Planning.
2. Dy. Drugs Controller, D.G.H.S.
3. DAD (STORES), CGHS M.S. Depot.

4 Hony. Consultant in Ayurveda.

5. Senior Research Officer (Ayd.), Ministry of Health and Family Planning.

The Suppliers received against the orders placed are compared by a group of three Physicians with the approved samples. Only such supplies are accepted as are found to conform to those samples".

4.34. The Ministry were asked to furnish the following information in respect of Ayurvedic medicines purchased and in stock in the main Ayurvedic Medical Stores as well as in the various Ayurvedic dispensaries at the beginning of each of the last five years;

(i) Value of the opening stock of medicine.

(ii) Value of Purchases made during the year.

(iii) Value of medicine issued during the year.

(iv) Value of the closing stock at the end of the year.

4.35. In a written reply, the Ministry have informed the Committee as follows:—

"Pricing for individual dispensary is not carried out as there are only 5 dispensaries at present and expenditure in each dispensary can be worked out on pro-rata basis from the annual amount spent on medical purchases. The following Annual expenditure has been incurred during the last five years on Ayurvedic medicines.

Year	Expenditure
1968-69	4,18,105·71
1969-70	4,51,608·43
1970-71	7,50,000·00
1971-72	6,50,000·00
1972-73	6,09,839·75

'The bincard system is in vogue in Ayurvedic and Allopathic Stores. The bincards maintained item contains

the opening (and receipts) and closing balances in numbers (accounting units) without indicating the value of the articles".

4.36. In reply to another question whether there were any Ayurvedic medicines or drugs which were continuing in stock for more than two to five years, the Ministry have in a written reply informed the Committee as follows:

"There are no such medicines blocked in the Ayurvedic depot for the last five years except medicines at Appendix VI. The normal period of utilisation is one year for herbal preparations, for others there is no expiry date. There is no expiry date for medicines in the Ayurvedic formularly".

4.37. In reply to a question as to what was the value of Ayurvedic medicines which became unfit for use on account of expired dates during each of the last five years in the main stores as well in each of the dispensaries and the loss incurred thereby, the Ministry have in a written note stated as follows:

"There are no medicines which have become unfit for use for the last five years except medicines referred to in Appendix VI, and the amount involved is about Rs. 5,500".

4.38. During the course of evidence while discussing the question of purchase of certain Ayurvedic drugs, the representative of the Ministry of Health stated as follows:—

"We will examine the matter in the Ministry and submit a detailed report to the Committee."

In a subsequent written note the Ministry of Health have stated as follows:—

"The question of purchase of certain Ayurvedic drugs during the year 1968-69 figured in the meetings of the Estimates Committee held on 21st and 22nd September, 1973. The matter was considered by a committee headed by the Additional Secretary (H) with Director (CGHS) Deputy Secretary (H) and the Adviser (ISM) as members in its sittings in the first week of November, 1973 and the 11th January, 1974. Shri Prem Nath, Financial Adviser, was also associated."

4.39. The Committee note that Ayurvedic medicines costing over Rs. four lakhs were purchased by the CGHS in 1968-69. A large quantity of these medicines proved much in excess of requirements.

Out of these, medicines amounting to over Rs. 5,000 are stated to have been declared unfit for use and have been/will be written off. Further, a large number of medicines which were purchased at that time are still being used by the various Ayurvedic dispensaries. There are 24 Compound Ayurvedic medicines which are in stock for over five years. The Committee note that during 1968, only two Ayurvedic dispensaries were functioning. All this indicates that these Ayurvedic medicines were purchased without proper planning and a realistic assessment of requirements.

4.40. The Committee have been informed that the medicines were purchased in excess of the requirement, keeping in view the anticipated demands from certain dispensaries which were still to be opened and certain ingredients which were required for preparation of Ayurvedic drugs, some of which got spoiled in storage. The Committee are not convinced with the reason advanced by Government that the stock of medicines purchased could not be utilised in the normal course of time due to the delayed, opening of three Ayurvedic dispensaries. The Committee observe that these dispensaries which were originally proposed to be opened in January and February, 1969 were actually opened (i) on 14th February, 1969 at R. K. Puram, (ii) on 31st March, 1969 at North Avenue, and (iii) on 2nd June, 1969 at Dev Nagar. Thus, in the case of first two dispensaries, there was no appreciable delay while in the case of the last one, there was a delay of about 4 months only, which in the opinion of the Committee could not have greatly affected the usage of Ayurvedic medicines resulting in their being declared as unfit for use or becoming so much surplus.

4.41. The Committee further note that two more Ayurvedic dispensaries—one in Timarpur and another in Tilak Nagar areas were also proposed to be opened in 1968. It appears that provision of medicines for these two dispensaries was also made and the Ayurvedic medicines were purchased, though the dispensaries have not yet been opened. It is also noticed that there was a proposal to open a Pharmacy for the preparation of Ayurvedic medicines in 1968. This has also not been opened so far. It is thus evident that the purchase of these Ayurvedic medicines was made in haste without a firm decision being taken.

4.42. During the course of the evidence, the Committee drew the attention to the excess purchase of Ayurvedic medicines and the losses suffered during storage and complaints of irregularities in their purchase and stockings. Government appointed a departmen-

tal committee to go into the matter. The conclusions of the departmental committee are reproduced below:

> 'It is unfortunate that in spite of the best efforts, some medicines were rendered unusable and have to be written off. The Committee feel that the Adviser I.S.M. should keep a close watch on the utilisation and purchase of medicines in future so that assessments are more realistic, storage proper and consumption according to the pattern anticipated. He should hold meetings preferably every two months with Ayurvedic Physicians and Stores Officers for the better functioning of dispensaries and proper use of the medicines on the basis of such periodical reviews. The results of these reviews should be intimated to Director, CGHS and the Health Ministry from time to time.'

The Committee also note that Government have taken the following steps to avoid recurrence of such purchases:

> '(a) The Ayurvedic Stores have been shifted to separate premises under an Officer-in-Charge, Ayurvedic (Stores). Formerly, they were housed in the Gole Market Dispensary and the Physician-in-Charge there had to look after its work. The space for the stores was inadequate being housed in one room only with a temporary structure in the compound.
>
> (b) Office staff consisting of one U.D.C. and three L.D.Cs. are now posted to the Ayurvedic Stores. During 1968-69, only one L.D.C. was provided for all the purchase work in the Ayurvedic Stores.
>
> (c) The procedure for the purchase of medicines has been streamlined. The requirements of medicines are assessed on the basis of past four months' expenditure. Medicines in the essential category are purchased equal to six months requirements and those in the general category equal to four months' requirements. The stocks in hand and supplies on the way from the suppliers are also taken into account while working out such requirements.'

4.43. The Committee see no reason why all these steps could not be taken earlier to obviate such losses. The Committee desire that

the Adviser, I.S.M. should ensure that periodical reviews are made of the medicines in stocks in order to put them to the best use and that the results of such reviews are put up to the Director, C.G.H.S. The Committee would like to emphasise that Government should ensure that there is no recurrence of such cases.

(iv) Pilferage of medicines

4.44. It was brought to the notice of the Committee by a non-official that pilferage of Ayurvedic medicines worth about Rs. 5000/- from the North Avenue Dispensary had taken place.

4.45. In reply to a question about the pilferage of Ayurvedic medicine from the North Avenue dispensary, the Ministry of Health have, in a written note, stated as follows:—

> "The defects in CGHS Ayurvedic dispensary, North Avenue came to light during routine physical verification from 28-6-71 to 2-7-71. Subsequently detailed examination of the record of the dispensary was carried out. Certain shortages were detected. The cost of shortages worked to be Rs. 1820.46 paise. It was decided to recover the cost from the Medical Officer Incharge and the Pharmacist concerned at 50:50 basis. The Incharge has deposited the full amount and recovery from the pharmacist is being made in 20 instalments. Six instalments amounting to Rs. 273.09 paise have been recovered so far."

4.46. In reply to a question as to what steps had been taken by Government to prevent such pilferages, the Ministry have in a written note stated as follows:—

> "Regular physical verification is being done of all the dispensaries (Allopathic, Ayurvedic and Homoeopathic) under CGHS, Delhi. Whenever the discrepancies have been detected and treated other than minor, suitable action is taken against defaulters *e.g.* recovery of loss, warning etc. etc.
>
> With a view to control pilferage and check irregularities, Internal Audit Unit has been set up in CGHS, Delhi in May, 1970 is to conduct periodic physical verification of the stock of dispensaries and examination of records pertaining thereto. As a result of it the procedure for accounting

has been streamlined and loopholes for pilferage are being plugged and loss on account of shortages is being recovered."

4.47. The Committee take a very serious view of the shortage of Ayurvedic medicines to the tune of Rs. 1820.46 detected in the C.G.H.S. Ayurvedic dispensary at North Avenue during routine physical verification in June-July, 1971. The Committee note that the cost of the medicines found short has been/is being recovered from the Medical Officer-in-charge and the Pharmacist concerned at 50:50 basis. The Committee feel that the recovery of the loss from the persons concerned in a Government establishment after the loss is detected is not the only remedy in such cases, but suitable disciplinary action should also be taken in all such cases. The Committee would also suggest that Government should take concrete measures to streamline the accounting procedures and plug loop-holes to obviate the recurrence of such losses through pilferage etc. The Committee would further suggest that there should be a regular system of surprise checks by the Supervisory Officers for checking the stocks of medicines in stores and dispensaries to obviate pilferage, replacement of standard drugs by non-standard ones etc., and to bring to book without delay the delinquent officials.

CHAPTER V

MEDICAL SERVICES

HOSPITALISATION

(i) Hospitalisation facilities and Special Wards for C.G.H.S. beneficiaries

5.1. *General cases*: It has been stated by Government that all cases requiring hospitalisation are referred on the advice of the medical officers and the specialists under the scheme, to various hospitals *viz.* Central Government Hospitals, State Government Hospitals and other private hospitals which have been recognised for the purpose. The expenditure on hospitalisation, laboratory test, bio-chemical investigations etc. and specialist consultation is borne by the Central Government Health Scheme. A list of hospitals recognised under the Central Government Health Scheme in all the cities where the scheme is in operation, is at (Appendix VIII).

5.2. It was suggested to the Committee by a non-official organisation that C.G.H.S. should have their own hospitals like Railways, as the beneficiaries have now to depend on other public hospitals and have to wait long for beds.

5.3. In reply to question as to whether Government had any proposal|programme for the construction of their own hospitals for C.G.H.S. and whether they had reserved beds in various hospitals in Delhi and other places for C.G.H.S., the Ministry of Health have in a written note furnished to the Committee stated as follows:—

> "The C.G.H.S. Organisation has a proposal to set up its own hospitals for the use of its beneficiaries, where the number of C.G.H.S. patients justifies their construction. If the C.G.H.S. constructs its own hospitals at all its stations irrespective of the justification, it will prove very expensive and also not very useful.
>
> We have, however, proposals to set up our own hospitals at Delhi and Bombay only, for the present.
>
> There is no reservation of beds for C.G.H.S. beneficiaries in the public|private hospitals recognised under C.G.H.S. in

any city. The C.G.H.S. patients get admission without any reservation in these hospitals, but the expenditure on their treatment is met by the C.G.H.S."

5.4. In reply to another question about the approximate time the C.G.H.S. patients have to wait for admission in public hospitals like Willingdon, Safdarjung and Lady Hardinge etc., the Ministry have in a written note informed the Committee as follows:—

"Under the C.G.H.S. there is no distinction of waiting time between C.G.H.S. patients of differing status for admission to hospitals like Willingdon, Safdarjung and Lady Harding etc. The C.G.H.S. patients are admitted along with general public through casualty in these hospitals depending on their clinical conditions.

As far as Willingdon Nursing Home is concerned, beneficiaries who are entitled for Nursing Home facilities are transferred from the general ward to Nursing Home depending on the availability of accommodation."

5.5. When asked what was the approximate expenditure incurred by C.G.H.S. on their patients for admission to various hospitals during each of the last three years in Delhi and Bombay, the Ministry have in a written note furnished the following information:

"The total expenditure on the recognised hospitals under the C.G.H.S. Scheme Delhi and Bombay for the past three years is given below:——

(Figures in thousand Rs.)

Name of the Scheme	1970-71	1971-72	1972-73
CGHS Delhi	1111	1142·4	1216.2
CGHS Bombay (for in-door patients) . . .	423	524	929"

5.6. During the course of evidence the representative of the Ministry while speaking about the hospital service in Delhi, informed the Committee as follows:—

"In Delhi the number of hospitals has not increased in the same proportion as the population of Delhi. Government is aware of that. The opening of peripheral hospitals in Harinagar and Shahdara will relieve the cogestion in the Central hospitals."

In reply to another question about reducing the work load on doctors, the representative of the Ministry replied as follows:—

"There are two types of doctors working in these hospitals. One is C.G.H.S. doctors and the other is the regular doctors of the hospital not borne on C.G.H.S. but borne on the list of the Directorate General of Health Services directly. The morning doctors who attend to C.G.H.S. work are not expected to come during the evening or the night to the hospital. They have to go for visits in the evening during C.G.H.S. working hours, but the number of patients and the number of hours are limited. The regular doctors of the hospitals have to attend in the afternoon and also night calls. There is division of work. A certain number of doctors attend to out-door patients and a certain number of doctors attend to indoor patients and emergency calls in the hospital.

I agree the number of doctors etc. is not sufficient. Safdarjung was meant for about 800 to 900 indoor patients. But the number any time is not less than 200. Because of lack of finances, the whole thing is geared to 800 patients and the number of doctors is calculated on that basis. A realistic view is now being taken. The whole strength of doctors, nurses, paramedical personnel etc. should be worked out on the basis of 1200 and not 800 or 900 patients. That exercise is going on and very soon we would be augmenting it wherever augmentation is required."

5.7. The Director, C.G.H.S. informed the Committee that there was no reservation of beds for C.G.H.S. The Director added that as far as the existing beds were concerned, they were quite inadequate. In Safdarjung hospital, the beds should be increased from 1200 to 1600.

5.8. It has been stated that at present there is no major hospital under the Central Government Health Scheme, Delhi for the beneficiaries. During the years 1969, 1970 and 1971 the number of Central Government Health Scheme patients who were hospitalised for indoor treatment in the recognised private and Government hospitals is as under:—

Year	Recognised private hospitals	Government hospitals
1969-70	4737*	14248
1970-71	4675	15866
1971-72	6408	15073

*Maternity, T.B., Cancer patients.

It will be seen that on an average 20,000 patients were admitted in the hospitals for indoor treatment. Taking that one bed is occupied by 36 patients in a year (10 days per bed occupied) the Central Government Health Scheme requires a hospital of 600 beds.

5.9. In reply to a question as to what would be the expenditure (both capital and Revenue) on the construction of the proposed hospital of 600 beds in Delhi and what was the present stage of the proposal, the representative of the Ministry, during the course of evidence, stated as follows:—

> "There are two views about it. We have not taken a final decision. If a separate hospital is constructed, this will relieve the congestion on the existing hospitals so that more beds are available for the general public. The second is, it is felt that the Railways and the Armed forces have got their own hospitals, and therefore, the C.G.H.S. should also have their own hospital. This is one side of the picture. The other side is that, as the social pattern exists to-day, the public may object that we are selecting a certain category of staff and giving them special facilities. So this view suggests that instead of opening a separate hospital for the C.G.H.S. beneficiaries, it will be better to augment the present bed strength in these hospitals so that beds are available to the general public as well as to C.G.H.S. beneficiaries. As far as the cost is concerned, the capital cost of constructing a 600 bedded hospital will be Rs. 1.50 crores at the rate of Rs. 25,000 per bed and the recurring expenditure will be Rs. 26.50 lakhs at the cost of Rs. 12|- per bed per day."

5.10. The Additional Secretary of the Ministry supplemented the information as follows:—

> "The balance of convenience will lie in augmenting the capacity of the existing hospitals rather than going in for a separate hospital for C.G.H.S. beneficiaries."

5.11. Asked if the two hospitals in Delhi meant for C.G.H.S. beneficiaries were fully equipped for the treatment of heart, stomach and other types of serious diseases, the Director, C.G.H.S. during the course of evidence informed the Committee as follows:—

> "We have all the equipment available, except for certain special things like Cardiac surgery, neurological surgery etc. For these, we do not have facilities, and all these

cases are referred to the All India Institute of Medical Sciences and to Vellore Hospital. Cardiac Surgeries are done at the All India Institute of Medical Sciences. As far as general cases are concerned, the equipment is available. But in order to undertake certain delicate operations, we require a separate ward."

5.12. During the course of evidence while discussing about the working of the Emergency ward in a hospital, when it was pointed out to the representative of the Ministry that if a serious case goes to the Emergency Ward late in the night here is no space where more beds can be provided for and where he patients could be kept for at least 3 to 4 hours till arrangements are made in the Nursing Home or in the General Ward, he stated as follows:—

"In the emergency ward, if the bed is not available, the doctor in charge keeps the patient there for observation in the emergency ward keeping in view the condition of the patient involved in the accident. If it is a serious case, he is observed there before he can be sent to the ward."

The representative of the Ministry added:—

"As far as the emergency ward in the hospital is concerned, the staff is sanctioned and provided for round-the-clock service. If the technicians are not available, it means that they are not doing the job properly; and we have to pull them up. We will speak to the Medical Superintendent and ask him to keep a vigilant eye on this."

5.13. Asked if there were any special emergency wards in C.G.H.S. Wings of the Safdarjang and Willingdon hospitals for the exclusive use of C.G.H.S. beneficiaries, the Director C.G.H.S. informed the Committee during evidence as follows:—

"There are no separate wards for C.G.H.S., and they have to take the line along with the general public, depending upon the seriousness of the cases."

5.14. The Committee note that all cases of C.G.H.S. beneficiaries requiring hospitalisation are referred, on the advice of medical officers and the specialists under the Scheme, to various hospitals viz., Central Government hospitals, State Government hospitals and other private hospitals recognised for the purpose. The Committee also note that expenditure on hospitalisation, laboratory tests, biochemical investigations, anl specialist consultation etc., is borne by

the CGHS. The Committee further note that there are no hospitals owned by CGHS and that they have a proposal to set up their own hospitals at Delhi and Bombay.

5.15. The Committee find that the average number of CGHS patients who were hospitalised for indoor treatment during the years 1969, 1970 and 1971 was about 20,000 per year, and based on this figure, the CGHS requires a hospital of 600 beds. The capital cost of constructing a 600 bedded hospital is estimated at Rs. 1.50 crores and the recurring expenditure is Rs. 26.50 lakhs annually. At present the total average annual expenditure incurred on hospitalisation of CGHS beneficiaries at the recognised hospitals in Delhi for the last three years was to the tune of Rs. 11.60 lakhs.

5.16. The Committee note that is the existing hospitals, there is no reservation of beds for CGHS beneficiaries. The number of beds is inadequate and the CGHS patients have to wait for admission as these patients are admitted along with the general public, in the hospitals depending upon their clinical conditions.

5.17. The Committee feel that the existing arrangements for hospitalisation of CGHS beneficiaries are far from satisfactory in as much as the number of beds in the existing hospitals are inadequate and the patients have to wait for long periods for seeking admission in the hospitals. The Committee consider that the construction of a separate hospital for CGHS beneficiaries will be costly and its recurring expenditure will also be much more than the expenditure at present borne by the CGHS on hospitalisation of beneficiaries. Moreover, the system of having separate hospitals for Government employees would not be in tune with the social objectives. In the opinion of the Committee, the remedy lies in augmenting the bed capacity in the existing hospitals at the earliest. It should also be ensured that the best medical facilities and the latest equipment are provided for the treatment of all kinds of ailments in these hospitals. The Committee would further like that special arrangements for hospitalisation should be made for cardiac and seriously sick patients in the Safdarjung hospital for the convenience of CGHS beneficiaries living is that area.

5.18. The Committee recommend that the strength of doctors and nurses etc., in these hospitals may be suitably augmented immediately to provide efficient medical care to the patients admitted there, as these are stated to be inadequate to cope with the increased workload.

5.19. The Committee note that to man the emergency wards in the various hospitals, the staff is provided for round-the-clock-service.

The Committee desire that Government should ensure that the requisite staff, both clinical and technical, remains on duty to attend to patients reporting at all hours as there have been complaints in this regard.

(ii) Ambulances

5.20. During their visit to the Willingdon and Safdarjang hospitals the Committee were informed about the position of Ambulance Vans as follows:—

Willingdon Hospital

> "No separate ambulances are authorised for the C.G.H.S. Total number of hospital ambulances is five. They are old and require replacement. On an average only one or two ambulances remain roadworthy."

Safdarjung Hospital

> "The position of ambulance is very poor. There are no special ambulances earmarked for the C.G.H.S. beneficiaries. Any patient requiring ambulance car will be provided one if available on his ringing up phone '102'. We have six ambulances out of which five have been damaged and one is in working order. In addition, we have acquired recently three chassis which are waiting body building to be used as ambulance cars."

5.21. When the attention of the Director, C.G.H.S. was drawn to the poor state of Ambulance service in the two hospitals, he agreed during evidence that it needed improvement and it was being looked into. He added: "The ambulances are old and they need replacement. We will do that."

5.22. When the representative of the Ministry of Finance was asked to take a note of this aspect, he assured the Committee during evidence as follows:

> "I can assure you that we will take into consideration any request for fresh ambulances in replacement of the old ones, which have outlived their utility if a proper reference is made to us"

5.23. The Committee are greatly concerned to find that only one or two vehicles, out of five or six ambulances attached with the Willingdon and Safdarjung Hospitals to which CGHS beneficiaries

are admitted, are road-worthy. The Committee need hardly stress that such laxity in the provision of essential transport service for carrying seriously sick patients to hospitals should not be allowed. The Committee deprecate the inordinate delay in rectifying the position and desire that the matter should be looked into at the highest level and concrete measures taken to see that the existing fleet of five/six ambulances is kept in efficient working condition and that it is suitably augmented to meet the requirements. The Committee stress that this service should receive close attention so as to obviate the complaints which have been voiced widely before the Committee.

(iii) Ayurvedic Hospitals

5.24. During the course of evidence in reply to a question as to what arrangements have been made for hospitalisation of patients undergoing Ayurvedic treatment, the representative of the Ministry informed the Committee as follows:—

> "At present there are no hospital facilities in Delhi for Ayurvedic treatment. We have got a proposal for setting up an Ayurvedic hospital in Delhi. The proposal has been worked out and we shall consider including it in the Fifth Plan.
>
> We understand that in Kerala, Gujarat and Rajasthan they have hospital facilities under the Ayurvedic system and wherever the adviser ISM feels that hospitalisation is necessary, he recommends sending patients to such hospitals where such facilities are available."

5.25. The Committee note that at present there are no hospital facilities in Delhi for Ayurvedic treatment. They note that Ayurvedic hospitals are functioning in States like Kerala, Gujarat and Rajasthan etc. and that C.G.H.S. patients requiring hospitalisation in Ayurvedic hospitals are sent to these hospitals, wherever necessary. The Committee feel that Ayurvedic system of medicine has not been given the encouragement that it deserves. In view of the fact that it is an indigenous system evolved from ancient times and suits the temperament of our people, it is but proper that hospitalisation facilities are provided in this system of medicine also. The Committee note that Government propose to set up an Ayurvedic hospital in Delhi during the Fifth Plan and that the details in this regard have been worked out. The Committee hope that concrete measures will be taken by Government so as to provide hospitalisation to patients desiring Ayurvedic treatment in Delhi.

CHAPTER VI

PURCHASE OF MEDICINES

(i) Procedure and Policy for the selection and purchase of medicines

(a) *Allopathic*

6.1. It has been stated that a Committee consisting of heads of various specialities has prepared a C.G.H.S. Formulary. This formulary is reviewed from time to time and is kept most comprehensive and upto date by adding drugs in the list of latest developments in the field of medicine deleting drugs not thought fit to be kept in the formulary.

6.2. The C.G.H.S. Formulary consists of certain medicines which are included by their generic names and others which are included by their brand names. Each generic item is manufactured by a number of pharmaceutical concerns whereas the proprietary items are manufactured by particular concerns only. Most of the firms manufacturing generic items are on D.G.S.& D. rate contract. The C.G.H.S. Medical Store Depot makes purchases of these items from the firm on D.G.S.&D. rate contract, the Deputy Assistant Director (CGHS) being the Direct Demanding Officer. The payments of such purchases are made through the Chief Pay and Accounts Officer.

6.3. The small purchases where no DGS&D rate contract exists and also for the proprietary items, CGHS Medical Store Depot floats tenders from among those firms approved by the High Power Committee of the DGS&D and concludes local rate contracts on yearly basis.

6.4. Most of the proprietary items numbering about 140 are purchased direct from the manufacturers after concluding a Rate Contract or against DGS&D Rate Contract.

6.5. For purchases above Rs. 50,000 per item, an annual consolidated indent is placed on the DGS&D and supplies are made direct to the C.G.H.S by the manufacturers in parts as directed by the DGS&D.

6.6. It has been stated that during the current year it has been decided to make purchase of small quantities of listed items from Super Bazar, when the supply from the manufacturers fails due to shortage of raw material, transport difficulties or labour trouble and the stock becomes nil in the CGHS Medical Store Depot. However, all efforts are made to procure supplies direct from the manufacturers as the purchases from Super Bazar are costly.

6.7. Tenders are only invited from the firms who are registered with the DGS&D and are approved by the 'High Power Committee' of DGS&D. This list of approved firms is reviewed from time to time by the 'High Power Committee' of DGS&D of which the Director, CGHS is also one of the members and the performance of the firm/firms is reviewed by the Committee. In cases of unsatisfactory performance action is taken by the Committee as considered fit.

6.8. It is the usual policy to place orders on lowest tenders provided the item so ordered is found conforming to the required specifications. Due consideration is also given to the past satisfactory performance regarding the supply during the delivery period offered by the firms. The standard and quality of the medicines and drugs are checked by sending the random samples to the Government laboratories for testing.

6.9. To a question regarding the extent of discretion allowed to the Purchase Officer for selection of medicines and firms, the Ministry have in a written note stated as follows:—

> "Selection of medicines for the CGHS is done by a Committee consisting of Heads of various specialities, 2 senior G.D.M.Os from Dispensaries under the Chairmanship of the Director (CGHS). The DAD (Stores) is the Member Secretary of the Committee."

6.10. In reply to another question whether there had been delays in the procurement of medicines by the CGHS under the existing arrangement, the Ministry have in a written note stated as follows:—

> "On a few occasions, there have been delays in the procurement of medicines by the CGHS which are attributed to some unforeseen circumstances *viz.*, shortage of raw materials, labour trouble in the factories and transport problem. To improve upon any of the difficulties, help is extended to the suppliers by extending the delivery dates suitably. There are authorised Chemists to keep up the supply to avoid delay".

6.11. During the course of evidence, in reply to a question, whether any list of manufacturers of standing repute had been drawn up by the Director, C.G.S.H. for calling quotations from them for the purchase of medicines to ensure quality, as recommended by the Assessment Committee in 1961, the Director, C.G.H.S. informed the Committee as follows:—

> "Random samples are taken from the bulk of the medicines received and the testing is recorted to of certain quality of drugs by sending samples to the Government testing laboratories. The articles included in the C.G.H.S. pharmacology are procured and the quality is checked by getting the samples tested. The list of manufacturers approved by a high-powered committee is utilised for calling of tenders for the purchase of medicines. There are four sets of lists of firms from which the medicines are purchased. They are all reputed firms which are approved by the DGS&D. We do not buy any medicines from chemists who are not approved by the DGS&D."

6.12. When asked during the course of evidence as to what strict check is exercised on the quality of medicines purchased from time to time, the Director General Health Services informed the Committee as follows:—

> "It is of vital importance that the correct drug of right potency, of right composition, should be available to patients. Otherwise, the whole service will come to disrepute.
>
> Several checks are exercised at several levels. One is at the manufacturers' level where these drugs are being manufactured in bulk. About these pharmaceutical firms which are situated in big towns like, Bombay, Calcutta, Madras and other places, there is a constant check on these manufacturing firms through the Drug Control Organisation. Before a licence is given to them to manufacture drugs, we have to satisfy ourselves. The Drug Controller has to satisfy himself. that they conform to certain basic requirements before they are given a licence to manufacture the drugs. After that, the drugs are manufactured by them. There is a constant periodical check and also surprise check whereby the drug samples are collected and analysed in Government laboratories with very strict precautions. They are not told from which manufacturing firm they have come. A code num-

ber is given and the drugs are analysed. It is checked whether the drug is of a right potency and the right composition.

Then, there are wholesalers who are the agents who supply to different territories. There are people who supply to North India, South India and to West India. There the supply is also checked from time to time. We purchase drugs in majority of cases directly from the manufacturers except under certain circumstances, that is, when we run into short supply and that we resort to purchase from local dealers. We enter into rate contract with bulk suppliers and manufacturers of repute. We do not go to manufacturers who have just started their business, whose *bona fides* we do not know and we are not able to satisfy ourselves. Therefore, we go in for manufacturers of repute.

At the dispensary level, there is a scope that good drugs may be replaced by inferior quality drugs or by fake drugs or by spurious drugs. Several times, this sort of complaints have come to me. I have encouraged the beneficiaries who have a suspicion that the drug is not given the desired result that they must come and see me directly. A number of times they have come and seen me and brought the drug to me saying that this is an antibiotic drug or an anti-allergic drug which is not producing the desired result. We have taken the details of the dispensaries from where they have got the drug and taken the balance of the drug which is available the dispensary and got both the samples analysed in our Government laboratories under our very strict precautions, not telling them what is it and from where it has come. In practically all the cases, the drugs were of standard quality and over the last one year, I have been taking a great deal of interest in this and to see that the drugs which conform to required specifications and standard are purchased.

The difficulty which I will try to explain is that we are encouraging the purchase and use of drugs by medical profession by generic name rather than by trade name. The trade houses, big houses, have a tendency by their publicity medium, by high power salesmanship, by incentives like giving calenders, having good packings, giving free samples and what not, are making a good deal of effort that the drug should be purchased not by generic name

but by trade name. For example, Chloromycine of so and so should be purchased. Therefore, there is a constant pressure on medical profession, on us, that the drugs of these big houses should be purchased the cost of which is sometime two or three times more than the cost of generic drug which we get from other manufacturers of the same efficiency and same quality. The beneficiary is also subjected to that psychological effect that this drug is not of a particular firm. Therefore, they feel that this is of an inferior quality whereas it is not so.

We are constantly on the check. There is a little scope at the dispensary level where our Pharmacists may do some mischief. A constant watch is kept there. Again, surprise checks are done; samples are taken. An effort is made that no life-expired drug is utilised. A register is maintained to see whether the life of a particular drug is expiring and it is seen that the drug is utilised before the date expires. All the precautions are taken.

I do admit that occasionally the things may go wrong in one or two cases. A few things like that in such a big organisation do happen, even in the highest of institutions. There is a constant check all the time. Sometimes, the criticism is: Don't buy the drug by generic name but buy the drug by trade name. We have been resisting it. Even the Ministry of Petroleum and Chemicals and many other Governments have done it. In USA, they are discouraging the use of these drugs by trade names. That is also much cheaper and it is equally efficacious.

We are taking the precautions all the time. Wherever it is brought to our notice that a drug is not acting properly. We take the samples and get them analysed and satisfy ourselves, the beneficiary and everybody that the drug is all right."

6.13. When asked during the course of evidence whether any instances where the medicines purchased were sub-standard or expired-date at the time of purchase had come to the notice of Government, the Director General Health Services informed the Committee as follows:—

"While we are, testing these drugs at the manufacturers' level, or at the wholesalers level, whenever we discover that certain drugs are not upto the mark, we reject them.

We are doing this check all the time. Whenever such cases come to our notice, we take up with the manufacturer. Either they have to replace the drug, or we blacklist them. We are very conscious about that".

6.14. About expired-date medicines, the Director General during the course of evidence added as follows:—

"We take precautions in that direction also. They are called short-life drugs. There are certain drugs like Sera and vaccine in this category. Other drugs are not like that. We are very careful in respect of these drugs. Whenever we store these drugs, we maintain a register, and show there as to when these drugs are going to expire. When we feel that some drugs are substandard, we reject them. If there is a fall in the potency, we ask them to replace the same".

6.15. When asked as to what action is taken against the officers concerned responsible for the purchase of sub-standard drugs, the Director, C.G.H.S. during the course of evidence stated as follows:—

"The matter is immediately reported to the Drugs Controller of India and the State Drug Controller. Most of the drugs are from Maharashtra. When we get information about a certain drug manufactured by a particular company,the Drug Controller orders that the supply of that drug should be withdrawn. The manufacturers are asked to report the stock of that particular drug. Our Central Drug Controller and the State Drug Controllers take action on the cases on which the report is sent to them".

6.16. In reply to a question regarding the various checks exercised by the C.G.H.S. at the time of purchase of medicines, the Ministry of Health have in a subsequent written note stated as follows:—

"The following checks are exercised at the time of purchase:

(i) The items conform to the specification.

(ii) The drugs are supplied according to specified delivery period.

(iii) Random samples of medicines are taken and sent for testing at Government Laboratories.

(iv) It is checked whether the seals are in tact.

(v) It is checked whether the indication "C.G.H.S. Supply not for sale" is stamped on the container or not.

(vi) It is verified that 1/6 life of the drug has not expired."

(b) Homoeopathic

6.17. It has been stated that as there is no procedure of quality control of Homoeopathic medicines and the quality of these medicines cannot be proved by chemical tests. Homoeopathic medicines are purchased from reputed firms of India and abroad. Yearly quotations are called from all the enlisted firms and generally lowest quotation is accepted, if there is no other contradiction i.e. doubt about the quality etc. Only reputed firms who have good will in the market and have the capacity to supply the medicines are selected and the tenders are invited from them. However, if any other firm or agency want to be included in the list of selected firms, it is included provided the purchase Committee has no objection.

6.18. At the beginning of a financial year, tenders are called from the selected firms and generally lowest quotation is accepted. But if the firm is not in a position to supply the medicine within specified time or if there is any doubt by the purchase committee about the quality of the product, next lowest quotation is accepted. When there is any doubt about the quality of the medicine, samples are asked from all firms and after clinical testing the particular firm's quotation is accepted.

(c) Ayurvedic

6.19. As regards the procedure for purchase of ayurvedic medicines, it has been stated that only those medicines are purchased for which requirements are indicated by the Ayurvedic Physicians. The Ayurvedic Physicians meet under the Chairmanship of the Adviser, Indigenous System of Medicines and they decide about the medicines which they require for the use of their patients. The purchase officer invites tenders for the medicines with their samples. The samples are approved by a Committee of the following five officers:—

1. Adviser, I.S.M.
2. Deputy Drug Controller.
3. Deputy Assistant Director (Stores) C.G.H.S. Medical Store Depot.
4. Hon. Consultant in Ayurveda, Ministry of Health and Family Planning.
5. Senior Research Officer (Ay.) Ministry of Health and Family Planning.

The Officer-in-Charge, CGHS Ayurvedic Stores, remains present but does not take part in the deliberations of the said Committee except to give such information as may be required by the Committee. When the supplies are received against the orders placed, these are compared with the samples by the three CGHS physicians.

6.20. Sealed tenders are invited for the drugs approved and included in the formulary, consisting of about 300 medicines which is regularly reviewed each year by a Committee of experts, by Advertisement in the leading newspapers through the Directorate of Advertising and Visual Publicity, New Delhi. Tenders are considered incomplete if two samples of each medicine quoted are not enclosed. Rates of only such firms as have standing of a minimum of two years as manufacturers of Ayurvelic medicines, are accepted except in the case of cooperative pharmacies where this condition is waived though they have to submit a certificate from the controlling authority that the society manufactures the medicines quoted by them. It is also obligatory that the firm submits a certificate from the Director of Ayurveda of the State to the effect that there have been no complaints against the firm.

6.21. All the tenders are opened by a Board of three Gazetted Officers on the due date in the presence of tenderers or their representatives if any.

6.22. A comparative statement alongwith the various requirements stipulated is made by the office of the Ayurvedic Medical Stores and the same is submitted to the Purchase Committee for its scrutiny. At the time of the first meeting the purchase committee scrutinises and satisfies itself that the tenders satisfy the requirements as stated above and such firms as do not, are excluded. The Purchase Committee consists of the Adviser, Indigenous System of Medicine, Ministry of Health, the Deputy Drugs Controller, Directorate General of Health Services, Deputy Assistant Director (Stores), Central Government Health Scheme, Senior Research Officer in Indigenous system of Medicine and the Medical Officer Incharge, Ayurvedic Stores, Central Government Health Scheme.

6.23. The Committee then meets at regular intervals to assess the samples submitted and second intact samples of such drugs as are approved are kept in an Almirah which is sealed.

6.24. Only those supply-agencies or firms are selected for purchase of medicines as are approved by the Directorate General of Supplies and Disposals of the Government of India.

6.25. It has been stated that no discretion is allowed to the Officer Incharge (Stores) to depart from the prescribed norms or the deci-

sions taken by the Purchase Committee in the matter of purchase of medicines i.e. quantity/quality of the drugs.

6.26. The Ministry has added that all medicines received against orders placed on approved firms are opened in the presence of two gazetted officers and these supplies are compared with the sealed and intact samples, before actual acceptance. In case when there is a differesce of opinion the medicines alongwith the samples are sent to the Adviser, Indigenous system of medicine for his opinion. In scientific work all drugs are chemically examined for their purity and contents and these are submitted to biological assay, animal experiments and if necessary bacteriological tests. These scientific procedures have not as yet been developed in Ayurvedic and the only method available being colour consistency, smell and taste.

6.27. Medicines are purchased on the basis of their consumption and six months requirements of essential medicines and four months requirements of general medicines are purchased at a time.

6.28. If supply of medicines are received in a broken or damaged condition they are not accepted. As an additional precaution all supplies are stamped by the suppliers "for CGHS supply".

6.29. The Ministry have furnished a statement (Appendix IX) showing the particulars of the Pharmacies from which Ayurvedic medicines have been purchased during each of the last three years indicating the cost of medicines purchased from each of these Pharmacies year-wise.

In reply to a question when these Pharmacies were established and what were the total sales of these Pharmacies during each of the last three years, apart from the sales made to the C.G.H.S. the Ministry have stated that "No information regarding the establishment of the firms and the sale of their products apart from their sale to C.G.H.S. is available."

6.30. Asked as to what checks are made to see that only standard medicines are received in the C.G.H.S. Ayurvedic dispensaries, the Adviser, Indigenous system of Medicines informed the Committee as follows:—

> "Once the samples are selected, these are kept under seal. When the supply comes, the seal is opened and the quality is compared in the presence of three Ayurvedic Physicians with the sample. If there are any doubt, the matter is referred to me. Normally, when there is the slightest

variation, we reject it. I had received some of the complaints. We enquired into the matter and the medicines have not been accepted. However, in the absence of laboratory tests, we can only depend on the reputation of the firm, physical examination by our own experience. We have to depend entirely on the discretion of the Ayurvedic physicians. They decide about the quality of medicines."

6.31. In reply to a question regarding procedure for Inventory Control, the Ministry have stated that the Inventory Control over stocks of medicines is being exercised through Bin Card System.

6.32. As regards disposal of surplus stocks of medicines, it has been tated that efforts are made to utilise the surplus stock of medicines in the C.G.H.S. dispensaries and other institutions also by issuing the Daily Store Information Bulletin before their deterioration.

6.33. When, during the course of evidence, it was pointed out by the Committee that there were serious allegations against the purchase of Ayurvedic medicines, the representative of the Ministry explained the position as follows:—

"We can streamline the purchasing procedure of Ayurvedic medicines. We will have another look at it with a view to eliminating the non-standard firms."

6.34. When it was pointed out that the C.G.H.S. had purchased large quantities of medicines from certain specified firms, the representative of the Ministry during the course of evidence, explained the position thus:—

"When we calle for the tenders, we get a certificate from State Governments that the particular firm is a standard firm and there is no complaint against the firm. They were also supplying medicines to the State Municipalities. When the sample come from the highly reputed pharmacy, they quote very high prices. The small firms which are actually good firms are giving medicines at low prices. We have to compare the price structure also when we finalise the quotations. Messrs. ..... have supplied good medicines at comparatively cheaper rates."

Ayurvedic Pharmacy

6.35. During the visit of the Estimates Committee to Dev Nagar Ayurvedic Dispensary, it was suggested to the Committee that CGHS

should have its own pharmacy as the supplies of medicines made are not to the standard. The samples shown are good, but actual supply becomes defective.

6.36. During the course of evidence the representative of the Ministry while explaining the position regarding the proposal to establish their own pharmacies, stated as follows:—

> "We have got a proposal to establish some Pharmacies under the Governmest of India and if that materialises we will get better and cheaper medicines."

6.37. In reply to another question whether the proposal to establish their own Pharmacy has been finalised, the representative of the Ministry stated as follows:—

> "Government have agreed to this in principle. Because of financial difficulties, we could not start in the Fourth Plan. We expect that this will be one of the programmes in the Fifth Plan. Fifth Plan proposals have not been finalised. We have sent our proposals to the Planning Commission. We hope this will be agreed to."

6.38. In reply to another question whether Government feel that by starting their own pharmacy, Government would be in a position to supply standard medicines and whether they had competent staff to handle the pharmacy, the Committee, during the course of evidence were informed as follows:—

> "This is definitely possible, because, almost all the States have got their own pharmacies. In the States, dispensaries are getting good medicines. In the same way, we will be able to establish our own pharmacy. So far as staff is concerned, we have to recruit competent staff for this purpose and we will be able to do this."

6.39. In reply to a question whether Government considered at any time the question of setting up their own pharmacies for the preparation of Ayuvedic medicines for use in the C.G.H.S. dispensaries and whether it was a fact that several crude drugs were purchased for the pharmacy, when the proposal for it was never seriously taken up, the Ministry of Health have in a written note furnished to the Committee Stated as follows:—

> "Government did examine the proposal of setting up an Ayurvedic Pharmacy, but no concrete steps have so far been taken to achieve this objective. This matter is being further examined. Certain ingredients were purchased for preparation of Ayurvedic drugs and some of them

got spoiled in storage."

6.40. It has also been stated by the Ministry in a written note that it was proposed to open a pharmacy for which Rs. 50,000 was provided in the Budget Estimates for 1968-69.

6.41. The Committee note that bulk purchases of allopathic medicines for the CGHS are made through DGS&D Rate Contracts which are entered into with bulk suppliers and manufacturers of repute. For small and emergency purchases, tenders are invited from approved firms and the lowest tender is accepted for such purchases. This year, the emergency purchases are being made from the Super-Bazar. The Committee have been assured that all precautions are taken to ensure that medicines and drugs of standard quality only are purchased and supplied for use in CGHS. The Committee further note that encouragement is given for purchase and use of drugs by their generic names rather than by trade names as these are much cheaper and the quality is equally efficacious. The Committee are in agreement with the policy that in purchasing allopathic medicines, the use of trade names should be discouraged.

6.42. The Committee are informed that regular tests of drugs are made to ensure that high standards are maintained in the manufacture of medicines and drugs and that sub-standard medicines are not supplied to the CGHS. They would like Government to exercise constant vigilance and periodical checks to ensure that best quality drugs and medicines are purchased and that under no circumstances spurious or substandard drugs are purchased.

6.43. The Committee note that there is no procedure of quality control of homoeopathic medicines and that their quality cannot also be proved by chemical test. The homoeopathic medicines are, therefore, purchased from reputed firms of India and abroad who have a standing in the market and have the capacity to supply the medicines. The Committee feel that in the absence of any facility for chemical test of homoeopathic medicines, it is imperative that these should be purchased from firms of proven standing to ensure their quality and standards.

6.44. The Committee note that ayurvedic medicines are purchased by inviting tenders from those firms which have a standing of two years as manufacturer of ayurvedic medicines and that the lowest tenders are accepted by a Committee, consisting of Adviser, I.S.M., Deputy Drug Controller etc., appointed for the purpose. These firms are alsso asked to submit a certificate from the Director of Ayurveda of the State to the effect that there has been no complaint against the firm. The Committee consider that the present system of purchas-

ing of ayurvedic medicines does not ensure the purity, standard and the quality of ayurvedic medicines supplied to the CGHS. As admitted by the representatives of Government, no laboratory tests have been developed to test these medicines. Th only criterion i.e., colour consistency, smell and taste which is applied to check the purity and the quality of medicines, does not appear to be satisfactory. It was also admitted by the representatives of the Ministry before the Committee that in the absence of laboratory tests the Ministry has to depend entirely on the discretion of the ayurvedic physicians to decide about the quality of the medicines. There appears to be no check about the reputations of the firms, their turn-over of ayurvedic medicines and sales in the market other than that to CGHS etc. in order to ensure that the firms are of proven standing in the matter of supply of drugs of unexceptionable quality. This is also generally borne out by the list of firms which supplied ayurvedic medicines to CGHS during the last three years. The Committee consider that even in the case of allopathic medicines, the reputation and the standing of the firm are ensured before placing orders which does not appear to be the case in respect of ayurvedic medicines. The Committee consider that efficacy and popularity of a system of medicine, apart from other things, depends on the standard and the quality of medicines administered to the patients. The Committee therefore recommend that Government should draw up a list of reputed ayurvedic firms which have a standing in the market for their supply of high quality ayurvedic medicines and should invite tenders from these firms only so that medicines of high quality are purchased and supplied to the patients. The Committee have no doubt that this would go a long way in making the ayurvedic system more popular among the CGHS beneficiaries.

6.45. The Committee note that the Purchase Committee for Ayurvedic medicines consists of the Adviser, Indigenous System of Medicine, Ministry of Health the Deputy Drugs Controller, Directorate General of Health Services, Deputy Assistant Director (Stores), Central Government Health Scheme, Senior Research Officer, Indigenous system of medicine and the Medical Officer-in-Charge, Ayurvedic Stores, Central Government Health Scheme. The Committee consider that it would be desirable if a representative of the Associated Finance is also represented on the Purchase Committee.

6.46. The Committee regret to note that Government have not been able to set up an Ayurvedic Pharmacy so far. They understand that it was proposed to open a Pharmacy for which a sum of Rs. 50,000 was provided in the Budget Estimates for 1968-69 and the funds were subsequently diverted for other use. It has been urged before the Committee that establishment of a pharmacy by Government would not only make available standard Ayurvedic medicines

to the beneficiaries, but would also reduce their cost. The Committee also understand that similar pharmacies are already working in some States, notably Gujarat and Kerala. The Committee would like Government to review the matter with all its implications and take a firm decision about setting up of an ayurvedic pharmacy, so that if the proposition is found to be beneficial, it is implemented as per a time-bound programme to be laid down in this behalf.

6.47. The Committee need hardly stress that CGHS should spare no pains to see that they get the best quality of medicines consistent with cost, and that the system of checking is such that under no circumstances, spurious or sub-standard medicines are accepted for issue. There should also be standing arrangements for strict checking of medicines and injections etc. which are liable to damage during storage, so as to see that these are stored properly and that, in no case, expired-date medicines are issued. The Committee also stress that CGHS authorities should strengthen their inventory control and stock verification to see that there is no scope for pilferage.

(ii) Formulary

6.48. A Committee consisting of heads of various specialists is stated to have prepared a C.G.H.S. Formulary. The Formulary is stated to be reviewed from time to time and is kept most comprehensive and uptodate by adding drugs in the list of latest developments in the field of medicines deleting drugs not thought fit to be kept in formulary.

6.49. There are at present two lists in the Formulary, one containing the list of medicines from which G.D.M.Os can prescribe medicines while the other is meant for specialists. It was represented to the Committee that the restrictions within the Formulary by not allowing general practitioners to prescribe all the items, defeat the very purpose of the scheme, apart from being against medical ethics and against rights conferred upon fully registered practitioners to have full freedom in prescribing the medicines.

6.50. The Ministry have in a written note furnished to the Committee stated the position as follows:—

> "One list consists of comparatively inexpensive medicines which G.D.M.Os. have been authorised to prescribe. The other list consists of expensive proprietary medicines which only specialists have been authorised to prescribe. The Medical Officers in charge of the dispensaries have been authorised to prescribe the latter medicines. This distinction has been kept in view of the fact that for treating common ailments specialised medicines are not required. Therefore specialists only have been authorised

to prescribe specialised medicines. Since the medical-officers-in-charge of the dispensaries have been authorised to prescribe special medicines, there is not much delay. However, in an emergent case any doctor can prescribe any medicine".

6.51. When asked to give his reaction to the suggestion that there should be the minimum number of items on the formulary, the representative of the Ministry during the course of evidence explained the position as follows:—

"This exercise about the number of items in the formulary is done three or four times in a year and we try to ensure that the medicines kept on the formulary are the minimum because we do not expect our medical officers to remember the whole list. It is our endeavour also that we should include in the formulary only those medicines which are of every day use and with which the medical officers is familiar. We do not let the formulary enlarge."

6.52. The Committee note that the CGHS Formulary is prepared by a Committee consisting of heads of various specialities and that the same is reviewed from time to time and kept most comprehen- while the other list which consists of expensive proprietary medicines and deleting the absolete ones. They further note that there are at present two lists in this Formulary—one consisting of comparatively inexpensive medicines which the GDMOs. can prescribe while the other list which consists of expensive proprietory medicines, can be prescribed by specialists. The Committee have been informed by the representative of the Ministry that the Medical Officers Incharge of dispensaries have been authorised to prescribe medicines from the second list also and that in emergent cases any doctor can prescribe any medicine. The Committee have been given the impression during their visits to the dispensaries that not infrequently, the beneficiaries experience difficulties in getting in time medicines which are necessary in the interest of quicker and more efficacious treatment. The Committee suggest that the whole matter may be reviewed by Government to see, how these genuine difficulties of the patie nts could be resolved by either providing for specialists to visit the dispensaries more frequently, or for expeditious internal reference by the G.D.M.Os. to the specialists for approving the prescription of the medicine required, which may be falling in List I. The Committee have no doubt that Government would ensure that the CGHS formulary is kept up-to-date, so that the latest and most efficacious medicines are readily available to the beneficiaries.

CHAPTER VII

POSITIVE HEALTH PROGRAMME AND YOGA CLASSES

(i) Positive Health Programme

7.1. It has been suggested to the Committee by a non-official organisation that the C.G.H.S. should provide comprehensive measures for promoting positive health, ie., instead of aiming only at curative aspects, social and preventive medicines should get priority, and facilitates for the same should be readily and adequately available at each centre. These may be enumerated as immunisation, health education, family planning education, nutrition education, environmental sanitation, etc. These services will require adequately trained para-medical staff of different categories.

7.2. In reply to a question regarding the above suggestion, the representative of the Ministry of Health explained the position during evidence as follows:—

> "With the present set-up and the heavy rush at our dispensaries, it is not possible to implement this programme. In our children's department, from time to time, we have got a programme of immunisation, such as triple vaccine, polio vaccine, cholera vaccination, etc. These measures are being taken with the prtsent staff. It is not possible with the existing staff to carry out this programme."

* * *

> "At present, we are only thinking of providing curative aspect to the patients. We are not able to cover the whole of the areas by the C.G.H.S. dispensaries. We have to pay more attention to curative aspect.".

7.3. The representative of the Ministry supplemented the information as follows:—

> "To a limited extent, where we have got the Family Planning clinics, they are looking after two immunisation programmes-one is with regard to the triple antigen and the other is polio vaccination. This we are doing in the Family Planning Centres. The local bodies are looking after the immunisation programme against small-pox and inoculation against cholera. At present, with the existing staff strength and the present facilities, it may not be

possible for us to undertake these programmes. For this purpose, we shall have to have additional staff and probably, additional facilities too, in the dispensaries."

7.4. When asked whether there was any plan with the Government in connection with the preventive health programme the Director General Health Services stated as follows:—

"What we are doing now in the dispensary is nothing but a repair workshop activity. If somebody is injured and if somebody, like a machinery, has gone out of order, he goes to that workshop. We repair him and send him back to his job. But, there are no preventive maintenance activities. The disease is detected much earlier and he (patient) is informed of it and corrective actiin is taken appropriately so that he does not develop any disease. This will also diminish the work load in the dispensaries and hospitals.

There we are in complete agreement with what you are saying. And that is what the welfare State should do and it should take up a comprehensive health care programme for the whole family. But, that will require augmentation of staff strength as also more finances and more budget. But I, from my side, shall keep on pressing for that. And this is the real socialistic welfare society where everybody has got this comprehensive health care."

7.5. When asked why the positive health programme could not be undertaken in certain selected areas on a pilot basis the representative of the Ministry replied as follows:—

"I may mention for the information of the Committee that there is one health check-up centre functioning since the year 1959 where Government servants and their families can go and get their health checked up. The number of beneficiaries from year to year. During 1971-72, 2547 Government servants and their families availed of this medical check up facility. The scheme is functioning in the Central Secretariat Dispensary."

7.6. The Committee note that under the present set-up the CGHS is concentrating on providing curative aspects only to the patients. The Committee wish to emphasise that instead of merely concentrating on curative aspect, the CGHS should focus atten-

tion on preventive aspect, as prevention is better than cure. Positive health will lead to reduction in morbidity and thereby reduce medical expenses. Expenses incurred on assuring positive health will reflect in savings on drugs, hospitalisation, investigations, etc.

7.7. The Committee, therefore, consider that Government should take concerted preventive measures so as to minimise the incidence of sickness among the beneficiaries. The aim should be to pursue the concept of 'Arogya' which deals with physical, mental and moral aspects of men. It would be advantageous if people are educated about the causes, symptoms etc., of the various diseases like high blood pressure, nerve troubles, cardiac diseases etc., which are taking a heavy toll and are increasing day by day. The usefulness and effect of the various foods, fruits and vegetables on the system should be publicised through booklets in simple and easy to understand language.

7.8. The Committee understand that a number of instructive brochures and pamphlets have been brought out in foreign countries on the subjects of "The Vitamins Explained Simply", 'Eating for Health', "The Key to Fitness', 'Heart Ailments', 'High Blood Pressure', 'Nerve Troubles' etc. The Committee understand that there is a Central Health Education Bureau under the Directorate General of Health Services which deals with health education. The Committee would like the Directorate of the CGHS to bring out in conjunction with this Health Education Bureau, booklets and brochures which should highlight vital information relating to common diseases which the beneficiaries suffer from.

7.9. The Committee note that at present there is one Health Check Up Centre, functioning in the Central Secretariat Dispensary. The Committee would like Government to review the functioning of this centre to see how far, the services provided for by it are being availed of and if the response is not upto the mark what further measures including improvements in the quality of service and publicity, should be taken to attract more beneficiaries to avail of this facility, particularly after the employees reach the age of 50.

(ii) Yoga Classes

7.10. In their Report the CHSS Assessment Committee, while dealing with yoga classes, have observed as follows:—

> "The Committee welcomes the yogasanas scheme recently organised under the Contributory Health Service Scheme but it is not possible to offer any observations on the

benefits accruing from it. As a matter of fact it is too early to evaluate the results."

7.11. While indicating the action taken by Government on the above observation, the Ministry of Health have stated that "Yoga classes were started, but they have been discontinued as the beneficiaries did not show enthusiasm after initially starting them."

7.12. In reply to a question as to why Yoga classes, which were started by the CGHS, were discontinued, the Director, C.G.H.S. informed the Committee during evidence as follows:—

"The Yoga classes were started in 1961 under the Chairmanship of Mr. G. G. Swell, and due to poor response, this was stopped in the same year. In December, 1972, at the instance of Shri Uma Shankar Dikshit, we arranged for a demonstration of yoga lessons in the Parliament House, and Members of Parliament were invited. These classes were started on the 13th December, 1972. But the response was very poor. Then, Swami Brahmachari said that it will not be possible for him to send his man, because, when the man comes, he waits and nobody comes. Still, we insisted and we requested him to continue the classes. After the end of the Parliament Session, there was hardly any attendance, and the classes were given up. When the Session started again, we started the classes again on 1st March, 1973. But, hardly the classes ran for two or three days, there was no response and the Yoga Ashram Swami Brahmachari said that he will not continue the classes. So, due to the poor response, these classes were suspended."

7.13. When asked whether Government had accepted Yoga as one of the systems, either preventive or curative, and whether Government had made any effort to give publicity to Yoga, the Director General, Health Services informed the Committee during evidence as follows:—

"We are giving substantial financial assistance to these institutions which are encouraging Yoga all over the country, including the one at Hyderabad with which Dr. Melkote is entrusted and also other institutions in Delhi. But, we do not actively publicise or sponsor a publicity campaign regarding Yoga, because, we feel that it is the Yoga Institute to whom we give money, who should do this rather that we should be the spokesmen on their behalf. They

have given sufficient publicity. There is lot of publicity regarding Yoga. Yoga can be divided into two parts. It is claimed that certain diseases can be cured. There is a feeling that Diabetes can be cured if the diseases is detected in the earlier stages, and if Yoga is practised. This is my personal feeling also and I have seen the results of Dr. Melkote and others. Yoga does give some kind of relief. It is not only the exercise, which is responsible for this But, it is the regimentation, the diet, the way of life, taking a certain type of food, taking food at a particular time all of them combined together. Yoga means not only the exercise of the body. But, it is also the mental attitude as well as way of life, which goes with it. All that put together, it does produce a certain effect and a good effect, in Diabetes and certain types of neurological disorders like Migraine, and other serious types of hysterical conditions in which the mind has a great deal to do rather than the physical condition. I am one of those who feel that Yoga has a definite place. But, in respect of certain diseases like, TB, Leprosy, Typhoid fever and other infections, it is felt that they are not affected by Yogic practice. This is the feeling."

7.14. Asked if any scientific evaluation of this method for treatment and prevention of diseases had been made by Government, the Director General, Health Services replied during evidence as follows:—

"Scientific studies are going on. Still, a lot of work has to be done with regard to the scientific evaluation of the methods in the treatment and prevention of diseases. When we have collected sufficient scientific data and convincingly prove that on certain diseases it does have an effect, I am sure the Government will take steps in this direction. But I think that stage has not arrived and they are still trying to make a scientific evaluation with regard to the treatment of diseases."

"The Government is not directly doing it. It is through the agency of these institutes which are very well established institutes. The financial assistance is there; the equipment is there and the evaluation of their data is also done by us. But the basic work is done by the institutions themselves because they have got trained people and also the confidence of the people. The people come to them and it is only through the scientific work of these insti-

tutes, as it is in the case of the modern systems of medicines, that it proceeds further. In the initial stage, the work is done in these yoga centres and institutions and once they are publicised by the scientific world, then only the public and the Government would be prepared to take it."

7.15. In this book entitled "Management in hospitals" by J. A. Spencer, the author has at the very outset stated that scientifically it cannot be denied that the practice of yoga keeps a man in perfect health and perfect fitness and alert mind also.

7.16. While giving his reaction to the above view point, the Director General, Health Service, during the course of evidence, stated as follows:—

"I do admit that yoga is a very useful thing and any form of exercise and physical culture together with the element of mental meditation and development of health is good."

7.17. When pointed out that once they accepted it, what was the difficulty in introducing yoga and propagating it in the localities so that the people could take full advantage of it, the Director General, Health Services, replied as follows:—

"We agree to your suggestion. But.....our experience is that those classes had to be stopped.....We are prepared to give this a trial even in some of the dispensaries in places where our Class III and Class IV employees live and we will make every honest effort to popularise these classes there."

7.18. The Committee note that Government started Yoga classes in 1961 but they were not continued due to lack of adequate response. Since 1961, there has been a wide-spread realisation about the efficacy of yoga as a practical, simple, inexpensive and effective means of sustaining the body in good physique and mental condition. The Committee feel that if CGHS makes systematic effort to publicise the efficacy of Yoga discipline and provide instructors with experience and standing to conduct classes under their personal supervision, there is no doubt that the movement for health through yoga would catch the imagination of Government employees and their families. The Committee feel that such concerted efforts for generating interest in yoga may be made in a few selected areas where there is large concentration of Government employees and in the

light of experience gathered, it may be extended to other areas. The Committee need hardly point out that to popularise yoga it may be taught in steges so that those who are interested in learning more 'asnas' can do so according to their needs and aptitudes while others may benefit from a few essential basic exercises.

7.19. The Committee would like to be informed within three months of the concrete action taken by Government in the implementation of the above recommendation.

CHAPTER VIII

ORGANISATIONAL SET-UP AND OTHER MATTERS

(i) Organisational set-up in the Ministry of Health and Family Planning to coordinate the work of C.G.H.S.

(1) *Ministry of Health and Family Planning (Department of Health)*

8.1. All matters requiring Government sanction and policy decisions regarding Central Government Health Scheme are submitted by the Directorate General of Health Services to the Ministry of Health and Family Planning. A separate section namely Central Government Health Scheme (Policy) has been established in the Ministry to deal with all matters relating to the Central Government Health Scheme. A chart giving the details is shown at Appendix X. the details is shown at Appendix XI.

(2) *Directorate General of Health Services*

8.2. The existing organisational set-up for the Central Government Health Scheme is headed by Director (CGHS) who is also ex-officio Deputy Director General (CGHS). Deputy Director General (CGHS) is assisted by one Deputy Asstt. Director, Deputy Director (Administration) and three Section Officers. A chart giving the details is shown at Appendix XI.

(3) Administrative set up at the field level

8.3. The administrative head of Central Government Health Scheme in cities to which it has been extended so far, is either Assistant Director General or Deputy Assistant Director depending on the administrative requirements of the scheme in the city concerned. In the cities of Delhi, Kanpur, Bombay, Allahabad, Meerut, Calcutta and Nagpur where the Central Government Health Scheme in functioning, the status of the Central Government Health Scheme Organisational set-up is a subordinate office under the control of Directorate General of Health Services and as already stated Director (CGHS) who is also ex-officio (Deputy Director General) is the controlling authority of the Scheme. A chart giving the details is at Appendix XII.

8.4. In reply to the question the Ministry of Health have furnished the following information to the Committee regarding the scale of pay and the number of sanctioned and existing posts of the Medical Officers etc. under the C.G.H.S., Delhi/New Delhi:—

Sr. No.	Designation of Posts	Scale of Pay	No. of posts sanctioned	No. of posts filled	No. of posts vacant	Reason of vacancy	Remraks
1	2	3	4	5	6	7	8
1.	Supertime Gr. I	Rs. 1800—100—2000—125—2250	4	3	1		
2.	Supertime Gr. II	Rs. 1300—40—1600—100—1800	5	5			
Dy. Director (CGHS)		Rs. 1300—1800	1	1			
3.	*Specialist*						
	Physician .	Rs. 600—40—100—EB—50—1300.	8	7	1		
Surgeon .		Do	3	3			
	Eye Specialist .	Do.	5	3	2		
	Obst. Gynelogist	Do.	4	4			
	E.N.T. Specialist	Do.	5	5			
	Dermatologist .	Do.	3	2	1		
	Psychiatrist	Do.	3	3			
	Neurologist .	Do.	1	1			
	Paediatrician .	Do.	3	3	..		
4.	G.D.O. Gr. I .	Rs. 450—30—660—EB—40—1100—50—1250	162	136	26		
5.	G.D.O. Gr. II .	Rs. 350—25—500—30—590—EB—30—830—900	254	134 (Regular) 133 (ad-hoc)	13		13 posts filled against G.D.O. Gr. I
6.	Lady Medical Officer	Rs. 575	11	8	3		
	Non-Medical Post						
7.	Staff Surgeon (Dental)	Rs. 700—1250	2	2			
8.	Jr. Staff Surgeon (Dent) .	Rs. 350—900	2	2			

1	2	3	4	5	6	7	8
9.	Dental Surgeon	Rs. 325—800	3	3			
10.	Ayurvedic Physician	Rs. 325—800	13	13			
11.	Homo. Physician	Rs. 325—800	7	7			
12.	Family Planning Officer.	Rs. 450—1250	1	1			

8.5. The Committee were given the impression during their visits that in order to contract doctors of eminence and standing, particularly for appointment as specialists, it is necessary that their emoluments should be commensurate with the responsibilities to be discharged by them. The Committee have no doubt that in deciding the scales of pay on the recommendation of the Pay Commission and having regard to all the relevant facts which have already been placed before the Government, a decision would be taken to see that the emoluments of doctors serving CGHS, are such as to attract and retain the services of doctors of proven standing and experience, particularly, in appointments requiring specialization.

(ii) Zonal Medical Officers

8.6. In order to eliminate the weaknesses of the Organisation the Administrative Staff College, Hyderabad in their Report No. 3 on C.G.H.S. recommended the following changes in the structure and process of management:—

> "All the dispensaries in Delhi and New Delhi area should be grouped into five zones. Each zone shall be under the administrative control of zonal medical officer. There will be one polyclinic attached to each zone where speciality services should be centralised in the polyclinic.
>
> There will be one functioning dispensary for every five regular standard size dispensary in each zone which shall provide mainly emergency services and domiciliary services, besides the regular out-patient services."

8.7. It has been stated in the Report that the following shall be the responsibilities of the Zonal medical officers:—

(a) It shall be his responsibility to supervise and guide the Chief Medical Officers of different dispensaries situated in his zone.

(b) He shall be assisting chief medical officers on fixing targets for their dispensaries for disease prevention and controls. Some of the targets to be fixed in initial stages are reduction in cost per beneficiary in a dispensary, the reduction in patients attendance rate, reduction in ratio of new to old cases.

(c) He shall be evaluating the working of the dispensaries in his zones as per evaluation criteria laid down with the chief medical officers. He shall be the member of the performance evaluation committee.

(d) He shall guide medical officers on preparation of medicine budgets at the dispensary level and shall prepare the total budget for his zone to be submitted to the director, C.G.H.S.

(e) He shall review the complaints made by or against the beneficiaries and dispensary staff and shall take necessary actions.

(f) He shall be reviewing the pattern of treatments and prescriptions of different medical officers alongwith the Chief Medical Officer.

8.8. When asked to state what action was taken on the above recommendation of the Administrative Staff College, the Ministry of Health have, in their written reply, stated that "as and when the financial position improves, this system will be introduced."

8.9. The Committee note that in order to eliminate the weaknesses in the C.G.H.S. Organisation, the Administrative Staff College recommended the grouping of all the dispensaries in Delhi and New Delhi areas into five zones so that each zone could be under the administrative control of one Zonal Medical Officer. The responsibilities of these Zonal Medical Officers have been laid down which include inter-alia close supervision of different dispensaries, fixing targets for disease prevention and control, reduction in cost per beneficiary, evaluating the working of dispensaries, reviewing the complaints etc. The Committee note that at present the Director, C.G.H.S. is required to make daily inspections of dispensaries of C.G.H.S. and supervise the working of these dispensaries which are over 70 at present.

8.10. The Committee feel that keeping in view the expanding nature of work under CGHS and the imperative need for improving the quality of service, the Committee would like Government to review carefully the position, in the light of the recommendations of

the Administrative Staff College, to see what administrative support should be given to the Director, C.G.H.S. by way of appointment of zonal medical officers or specialists so that the dispensaries render satisfactory service to the beneficiaries complaints are obviated and timely remedial measures are taken where necessary, to tone up the service.

(iii) Training and Refresher Courses for medical and other staff

8.11. It was represented on behalf of a non-official organisation that all general practioners in the dispensaries must be given refresher course training every three years or so.

8.12. When asked to give their views on the above suggestion, the Indian Medical Association stated during evidence as follows:—

> "This is very essential that in this scientific explosion and explosion in the medicine field, uptodate appraisal of what is happening is made available to the doctors. Medical profession is one profession where it is a must. We have recommended also not only for CGHS, but other practitioners and private doctors should also be given an opportunity to attend these refresher courses even on a compulsory basis every 3/5 years."

8.13. Asked as to why IMA does not start these referesher courses, the representative of the I.M.A. stated as follows:—

> "The Indian Medical Association has been engaged in this in a very organised manner for the last 15 years. We were getting financial assistance from the Government and we did this for 5/6 years, but they stopped the assistance. They said, they would not give it from the Centre direct, they would give it to the States and the State Governments will reimburse to us. And it is only one or two States, which have given amounts. We have given a scheme a few years ago to take up this responsibility of conducting refresher courses."

8.14. The C.G.H.S. Assessment Committee in their Report, while dealing with the subject of training programme, made the following observations:—

> "24. The Committee is of the view that it is essential for the doctors employed in the Contributory Health Service Scheme to be up-to-date in their knowledge of different branches of medical science particularly because of the

fact that enormous advances are being made every year in this field. For this purpose, it will be necessary to provide proper facilities for conducting Refresher Courses periodically. Such courses can be arranged in conjunction with the different teaching institutions in Delhi.

25. As promotions in the Service will necessarily depend upon postgraduate training and qualifications, the junior doctors in particular should be provided with opportunities for undergoing the different postgraduate courses in which they are interested. For this purpose, they should be given study leave periodically. Some of them, particularly the specialists, might be given fellowships to go abroad solely for the purpose of gaining more practical experience in their respective fields. It will also be desirable to send senior specialists periodically on short observation tours in order to enable them to get acquainted with recent developments made in medical science in other countries."

8.15. In reply to a question whether any regular courses or training programmes are being arranged by the C.G.H.S. for doctors, as recommended by the Assessment Committee, the Ministry of Health have in a written note furnished to the Committee, stated as follows:—

"Training facilities for CGHS Medical Officers are the same as for CHS Medical Officers. They are allowed to do post-graduate training and short-term courses arranged by National Institute of Health Administration and Education, New Delhi. They are also allowed to go for various fellowships?

Though no evaluation has been done but when such opportunities arise the number of applicants are many. The programme is popular with the CGHS Medical Officers."

8.16. In reply to another question as to how doctors keep themselves posted with the latest Science, the Ministry have informed the Committee as follows:—

"Various specialists visit the dispensaries and the Medical Officers have sufficient opportunities to discuss their cases with them and get the benefit of their advance knowledge".

8.17. It was pointed out by a non-official organisation that occasionally supplies received from C.G.H.S., Medical Stores Depot run short. They have, therefore, suggested that as there seems to be scope for improvement in materials management activities of the stores depot, the stores authorities should be accorded proper training in modern methods of materials management.

8.18. In reply to a question whether any training in inventory control is given to the officer-in-charge, stores, the Committee during the course of evidence were informed as follows:—

> "We agree that the training should be given and we are taking steps to train our officers. We have an Institute—National Institute of Health Administration and Education (NIHAE) to give education in hospital administration, stores administration, administration in general health services, administration of doctors at the primary health centre at district level and also at the State level. In these short courses running over to three to four weeks Senior Medical Officers and the people at the lower level like the Stores Managers are told of the modern techniques of how to keep the stores and how much to keep, what is the method that you do not over-stock and at the same time you do not understock and how to keep the life saving drug, indent, inventory etc. Very often we take advantage of the Army Medical Stores and even in private sector, there are very well known people who have done a lot of work in Management. We invite them and these doctors and other staff is trained."

8.19. When asked to state the number of doctors, store-keepers etc. of C.G.H.S. trained during the last three years in the National Institute of Health Administration and Education, the Ministry of Health have in a written note, informed the Committee as follows:—

> "The number of C.G.H.S. doctors sent for training to N.I.H.A.E. during the past four years is as follows:—

1970	Nil
1971	1
1972	10
1973	10

8.20. The Committee are in full agreement with the following observations made by the C.H.S.S. Assessment Committee in paras 24 and 25 of their Report (1962):—

"(i) The Committee is of the view that it is essential for the doctors employed in the Contributory Health Service Scheme to be up-to-date in their knowledge of different branches of medical science particularly because of the fact that enormous advances are being made every year in this field. For this purpose, it will be necessary to provide proper facilities for conducting Refresher Courses periodically. Such courses can be arranged in conjunction with the different teaching institutions in Delhi.

(ii) As promotions in the service will necessarily depend upon postgraduate training and qualifications, the junior doctors in particular should be provided with opportunities for undergoing the different postgraduate courses in which they are interested. For this purpose, they should be given study leave periodically. Some of them, particularly the specialists, might be given fellowships to go abroad solely for the purpose of gaining more practical experience in their respective fields. It will also be desirable to send senior specialists periodically on short observation tours in order to enable them to get acquainted with recent developments made in medical sciences in other countries."

The Committee desire that Government should take suitable measures for training and refresher courses for the C.G.H.S. medical officers so as to keep them abreast of advances made in different branches of medical science. The Committee would like to know the concrete measures taken or proposed to be taken in this behalf.

8.21. The Committee consider that training in inventory management is very necessary for effective stores management and to obviate shortages of medicines in the C.G.H.S. medical stores and dispensaries. It is therefore, desirable that the authorities controlling the stores should be well versed in modern methods of materials management and inventory control. The Committee are surprised to note that during the year 1970, no doctor was sent for training in the National Institute of Health Administration and Education and in 1971 only one doctor was detailed for training. They are, however, informed that in 1972 and 1973 10 doctors each were sent for training. The Committee desire that a well regulated and phased programme of training medical and other staff in inventory control and storekeeping should be drawn up and implemented.

(iv) Buildings for dispensaries/hospitals and residential accommodation

(a) *Buildings for dispensaries/hospitals*

8.22. It has been pointed out by a leading doctor that most of the dispensaries are housed in make-shift buildings, the furniture is poor, waiting halls are inadequate and no comfort or facility for the patients are provided.

8.23. Asked to state the position, the Ministry of Health have in a written note furnished to the Committee, admitted that "this is a fact that most of the dispensaries are located in the residential quarters and rented private houses which are not suitable for dispensaries."

8.24. In a written note about the phased programme for the construction of buildings for C.G.H.S. dispensaries etc., the Ministry of Health have informed the Committee as follows:—

> "A provision of Rs. 750 lakhs has been tentatively proposed for the expansion of the CGHS during the Fifth Plan period. Out of this, it is proposed to construct 2 hospitals and 10 dispensary buildings in Delhi and elsewhere. In some of the new buildings, accommodation has been earmarked for setting up of a laboratory and installation of X-ray plants etc. in some of the dispensaries."

8.25. The Committee regret to note that most of the C.G.H.S. dispensaries are located in residential quarters and rented private houses which are not suitable for the purpose. The Committee feel that due to lack of adequate accommodation, the services at the dispensaries have suffered. The first essential requisite for proper working conditions of medical and para-medical staff in dispensaries is the availability of suitable dispensary buildings which should be well laid out, and provide accommodation for efficient running of all services and convenient places for the beneficiaries who are waiting to consult the doctors together and have other essential amenities like water, fans etc. for patients. They recommend that a phased programme for construction of the buildings for dispensaries should be drawn up and implemented to meet the long-felt need.

8.26. The Committee stress that construction of dispensaries should constitute an integral part of development of new colonies built for the residence of Government employees and it should be

ensured that the C.G.H.S. dispensary starts functioning simultaneously with the occupation of the colony by the residents.

(b) *Residential Accommodation*

8.27. It has been represented by a non-official organisation that the residential accommodation available to the Medical Officers and other staff is grossly inadequate. In order to enable them to perform their duties efficiently, 100 per cent satisfaction in the matter of residential accommodation may be accorded. Moreover the staff may be posted more than three Kms. from their residences.

8.28. When asked whether any phased programme for construction of residential accommodation for medical and pre-medical staff has been drawn up, the Ministry of Health have in a written note furnished to the Committee stated as follows:—

> "It is a fact that the accommodation both for medical and para-medical staff in the Govt. colonies is inadequate. The matter is being pursued with the concerned Ministry for more accommodation for the essential CGHS staff.
>
> In the CGHS constructed buildings we are providing accommodation for essential medical and para-medical staff. The construction of units for residential accommodation depends upon the area of the land available."

8.29. In reply to another question whether it was a fact whether Ayurvedic and Homoeopathic physicians were not eligible for allotment of Government accommodation for the C.G.H.S. pool, the Ministry have informed the Committee as follows:—

> "Ayurvedic and Homoeopathic doctors are not at present eligible for allotment from the C.G.H.S. pool as they are not rendering emergency service. The Matter is, however, under review."

8.30. In a written note furnished to the Committee, the Ministry of Health have given the following information regarding the grant of conveyance allowance to the C.G.H.S. doctors:—

> "Subject to certain conditions the M.Os. under the C.G.H.S. are granted the conveyance allowance at the following rate:
>
> 1. Rs. 120/- p.m. for maintaining a car.
> 2. Rs. 40/- p.m. for maintaining a scooter.
> 3. Rs. 20/- p.m. for maintaining no conveyance.

8.31. The Committee note that the residential accommodation both for medical and para-medical staff in Government colonies is inadequate. The Committee recommend that effective steps should be taken to provide residential accommodation to all essential medical and para-medical staff attached to the dispensaries in the close proximity of their place of duty. The Committee regret to note that Ayurvedic and Homoeopathic doctors are at present not eligible for allotment of residential accommodation from the C.G.H.S. pool on the plea that they are not rendering any emergency service. The Committee were informed that the position in this regard is being reviewed. The Committee have no doubt that homoeopathic and Ayurvedic doctors would not be discriminated against in the matter of provision of suitable accommodation. The Committee would like to be informed of the action taken.

8.32. The Committee would further like Government to review urgently the Scale of Conveyance allowance allowed to the doctors in view of the perceptible increase in petrol prices and purchase price and maintenance of vehicles, so as to ensure that the doctors do not feel any financial constraint in examining the patients.

(v) Guide books and information material for beneficiaries.

8.33. The CGHS Assessment Committee in their Report while dealing with the compendium of Rules and Instructions have observed as follows:—

> "A scheme of the nature of Health Insurance creates an array of rights and obligations. To give effect to them administrative routine must be laid down. The Committee observed that the criticism of the scheme was partly due to the beneficiaries not having its proper appreciation. It was informed that the beneficiaries, even in the higher wage groups, were not aware how to get medical care in a real emergency. The Committee recommends that Government should undertake to put out precise instructions for the guidance of beneficiaries detailing the different services and the method of availing these."

8.34. In reply to a question whether Government had published such guide books for use of beneficiaries, the Ministry have in a written note furnished to the Committee, stated as follows:—

> "A guide to the C.G.H.S. for the use of beneficiaries was published in 1963 and circulated to various Ministries. Guides

for C.G.H.S., Bombay and Allahabad have also been circulated by the Regional Offices at various local offices stationed in these cities."

8.35. The Committee note that in pursuance of the recommendation made by the Assessment Committee 1962, a guide to the C.G.H.S. for the use of beneficiaries was published in 1963 and circulated to various Ministries. The Committee are not sure whether any action was taken thereafter to circulate the guide as most of the beneficiaries are not fully aware of the facilities available under the Scheme. The Committee, therefore, recommend that the guide books should be revised, brought up-to-date and circulated to the Ministries and Departments (both in English and Hindi) for the use of the beneficiaries.

CHAPTER IX

CONCLUSION

9.1. The main object of the Central Government Health Scheme, which was introduced in Delhi in 1954, was to provide comprehensive and satisfactory medical care services to Central Government employees and members of their families. The scheme has so far been extended to seven cities and covers about 2.80 lakhs of Government employees (excluding Railways) only 2.80 lakhs have been covered under the scheme so far. It is felt that the progress in the coverage of Central Government employees under this scheme has been rather slow. A detailed plan to extend this scheme to cover the Central Government employees, particularly at places which have a large concentration of such employees, should be prepared early by Government so that the benefit of this scheme is extended to a majority of the Central Government employees.

9.2. The achievements in regard to the extension of the Central Government Health Scheme during the Fourth Plan, both in physical and financial terms, have fallen short of the targets.

9.3. The estimated expenditure under the C.G.H.S. based on direct cost of the scheme in Delhi for 1966-67 was Rs. 110 per family per year while the amount of reimbursement per family per year in the various cities ranged between Rs. 128 in the case of Calcutta and Rs. 859 in the case of Ranchi in the same year. It is thus evident that the expenditure on reimbursement medical charges to Government employees under the Central Services (Medical Attendance) Rules, is much more per family than that incurred under the C.G.H.S.

9.4. In view of the significantly lower expenditure under the CGHS and the comprehensive medical care provided under this scheme, it is considered that the extension of the CGHS to all the cities with a sizable population of Central Government employees (say 5000 and over), should be given high priority. Government should prepare a perspective plan for extension of CGHS facility to these cities at the earliest by laying down proper priorities, considering the population of Central Government employees in those cities.

9.5. The scope of the C.G.H.S. has been widened by bringing under its purview, inter alia, Central Government Pensioners in all cities and members of the general public in certain selected areas in Delhi only. This is a step in the right direction in the interest of medical care of the community at large. In the light of the experience gained in extending this scheme to members of the general public in selected areas in Delhi, Government should consider its gradual extension to other areas in Delhi and also in other cities for members of the general public.

9.6. Ex-M.Ps. have rendered valuable public service. There is, therefore, no reason why C.G.H.S. should not be extended to the ex-M.Ps. on payment of the same contribuation as they were paying as M.Ps.

9.7. The Government should also extend C.G.H.S. to political sufferers who are getting pensions from Government on the basis of monthly contribution leviable on the amount of pension received by them.

9.8. It is well recognised that the Dispensary Service is the backbone of the C.G.H.S. Oganisation as it projects the image of the entire scheme to the beneficiaries. It is, therefore, essential that constant effort should be made to improve this Service and make it as efficient and comprehensive as possible.

9.9. There are 13 dispensaries in Delhi where the number of families is more than double the prescribed number, viz., 2500 per dispensary. With a view to reduce overcrowding and congestion in these dispensaries, urgent measures should be taken to reduce the work-load on these dispensaries by opening more dispensaries in these areas at the earliest. It is necessary that a time-bound programme is drawn for this purpose. Till the opening of additional dispensaries, the strength of doctors in these dispensaries should be augmented to the extent necessary, to provide quick medical attendance to the beneficiaries of these areas. There are 17 areas in Delhi comprising about 31,266 families which have still not been covered under the CGHS and the employees residing in these areas are governed by the Central Services (Medical Attendance) Rules. The Government should examine the feasibility of extending the C.G.H.S. to those areas as early as possible to enable the Government employees in these areas to have the benefit of this scheme.

9.10. The Administrative Staff College of India, Hyderabad, in 1971 had recommended the constitution of a committee for the performance evaluation of each dispensary. This recommendation has

not been implemented by Government on the plea that Zonal Medical Officers have not been appointed so far. The work relating to the evaluation of dispensaries should be taken up immediately by co-opting other personnel on the Performance Evaluation Committee instead of waiting for the appointment of Zonal Medical Officers.

9.11. There is a great need for establishing proper Doctor-patient relationship. Government should examine this matter in depth and devise suitable steps to bring about the desired doctor-patient relationship.

9.12. At present the patients have to wait for long periods in the C.G.H.S. Dispensaries before they are able to obtain medicines. It is hoped that with the opening of more dispensaries and hospitals, the waiting time for patients at the dispensaries and hospitals will be reduced and over crowding minimised.

9.13. The C.G.H.S. should have a thorough review of their indenting and stocking procedure so as to ensure that sufficient stocks of medicines are available in the dispensaries. It has to be ensured that no patient remains without a medicine prescribed to him for more than one day. The Officer Incharge of the dispensary and the store keeper should exercise constant vigilance to replenish the stocks of medicines which are exhausted or are about to be exhausted. It has to be realised that nothing irritates a patient more than not getting a medicine prescribed for him. It should be the constant endeavour of the dispensaries to remove this irritant with a view to project a better image of the CGHS.

9.14. In Willingdon Hospital the majority of specialists are required to look after, not only the CGHS beneficiaries but the general public as well. It is felt that as the specialists' services at Willingdon Hospital are also open to the general public, there are long waiting periods for the CGHS beneficiaries to avail of the service of specialists at this hospital. There should be separate CGHS Wing in the Willingdon Hospital also as is the case in the Safdarjang Hospital where the CGHS beneficiaries are able to consult the specialists exclusively meant for them.

9.15. In several cases reference of the patient to a specialist is made not because of complication of diagnosis, but because of specialists authority to prescribe some medicines. The feasibility of liberalising the condition of prescribing the specialist medicines by other Doctors as well may be examined in the interest of efficient service to the beneficiaries.

9.16. It takes unusually long time for the X-ray and other laboratory reports from the hospitals to reach the respective dispensaries. The main reasons for delay in the receipt of X-ray and clinical reports at the dispensaries are due to courier system and shortage of staff in the X-ray Department and laboratories. Government should examine in detail the reasons for delay in making available laboratory and X-ray reports and take effective measures to obviate the difficulties in this regard and to ensure that these reports are made available within 48 hours at the latest.

9.17. There are only five Ayurvedic and three Homoeopathic dispensaries for all the CGHS beneficiaries throughout Delhi as against 63 Allopathic dispensaries. During the Fifth Five Year Plan, however, Government propose to set up Homoeopathic and Ayurvedic dispensaries in all the cities where the C.G.H.S. is in vogue. Government have also decided that in the new dispensaries proposed to be set up in Delhi, arrangements are to be made to have an attached wing of the Ayurvedic and Homoeopathic dispensary and that similar pattern would be followed elsewhere in future. In the light of experience gained of the functioning of such composite dispensaries, Government should ensure that similar facilities for Ayurvedic and Homoeopathic treatment are available in all the new dispensaries which would be set up in future.

9.18. The co-existence of Allopathic, Homoeopathic and Ayurvedic systems of medicines provides an ideal laboratory where modern technology and ancient knowledge react on one another and can be used to bring about effective remedies for various diseases. Government should not deny full facilities to the indigenous systems of medicinese so that these systems are fully utilised for bringing relief to the beneficiaries who wish to avail of them.

9.19. It is understood that the scales of pay and non-practising allowance in the case of Ayurvedic and Homoeopathic Physicians are lower than those admissible to the Allopathic doctors under the C.G.H.S. In the beginning, the scales of pay and non-practising allowance of the Allopathic, Ayurvedic and Homoeopathic doctors serving in the CGHS were the same. But when the Central Health Service was constituted in 1966, the Allopathic doctors were given the benefit of higher scales of pay and non-practising allowance, according to the grades of Central Health Service. The scales of pay and non-practising allowance of Ayurvedic and Homoeopathic doctors were not simultaneously revised. It is not known why the scales of pay of doctors of the three system of medicines were not

revised at the same time with a view to maintain parity. It is hoped that suitable action will be taken by Government without delay in this regard.

9.20. It has come to notice that Ayurvedic medicines costing over Rs. four lakhs were purchased by the CGHS in 1968-69. A large quantity of these medicines proved much in excess of requirements. Out of these, medicines amounting to over Rs. 5,000 are stated to have been declared unfit for use and have been|will be written off. Further, a large number of medicines which were purchased at that time are still being used by the various Ayurvedic dispensaries. There are 24 Compound Ayurvedic medicines which are in stock for over five years. During 1968, only two Ayurvedic dispensaries were functioning. All this indicates that these Ayurvedic medicines were purchased without proper planning and a realistic assessment of requirements.

9.21. The medicines were purchased in excess of the requirement, keeping in view the anticipated demands from certain dispensaries which were still to be opened and certain ingredients which were required for preparation of Ayurvedic drugs, some of which got spoiled in storage. The reason advanced by Government that the stock of medicines purchased could not be utilised in the normal course of time due to the delayed opening of three Ayurvedic dispensaries is not convincing. These dispensaries which were originally proposed to be opened in January and February, 1969 were actually opened (i) on 14th February, 1969 at R. K. Puram, (ii) on 31st March, 1969 at North Avenue, and (iii) on 2nd June, 1969 at Dev Nagar. Thus, in the case of first t wo dispensaries, there was no appreciable delay while in the case of the last one, there was a delay of about 4 months only, which could not have greatly affected the usage of Ayurvedic medicines resulting in their being declared as unfit for use or becoming so much surplus.

9.22. Two more Ayurvedic dispensaries—one in Timarpur and another in Tilak Nagar areas were also proposed to be opened in 1968. It appears that provision of medicines for these two dispensaries was also made and the Ayurvedic medicines were purchased, though the dispensaries have not yet been opened. It is also noticed that there was a proposal to open a Pharmacy for the preparation of Ayurvedic medicines in 1968. This has also not been opened so far. It is thus evident that the purchase of these Ayurvedic medicines was made in haste without a firm decision being taken.

9.23. A very serious view of the shortage of Ayurvedic medicines to the tune of Rs. 1820.46 detected in the C.G.H.S. Ayurvedic dispensary at North Avenue during routine physical verification in June-July, 1971 has been taken. The cost of the medicines found short has been/is being recovered from the Medical Officer-in-charge and the Pharmacist concerned at 50-50 basis. It is felt that the recovery of the loss from the persons concerned in a Government establishment after the loss is detected is not the only remedy in such case, but suitable disciplinary action should also be taken on all such cases. It is suggested that Government should take concrete measures to streamline the accounting procedures and plug loopholes to obviate the recurrence of such losses through pilferage etc. It is also suggested that there should be a regular system of surprise checks by the Supervisory Officers for checking the stocks of medicines in stores and dipensaries to obviate pilferage, replacement of standard drugs by non-standard ones etc., and to bring to book without delay the delinquent officials.

9.24. All cases of C.G.H.S. beneficiaries requiring hospitalisation are referred, on the advice of medical officers and the specialists under the scheme, to various hospitals viz. Central Government hospitals, State Government hospitals and other or private hospitals recognised for the purpose. It is also noted that expenditure on hospitalisation, laboratory tests, bio-chemical investigations, and specialist consultation etc., is borne by the CGHS. There are no hospitals owned by CGHS and that they have a proposal to set up their own hospitals at Delhi and Bombay.

9.25. The average number of CGHS patients who were hospitalised for indoor treatment during the years 1969, 1970, and 1971 was about 20,000 per year, and based on this figure, the C.G.H.S. requires a hospital of 600 beds. The capital cost of constructing a 600 bedded hospital is estimated at Rs. 1.50 crores and the recurring expenditure is Rs. 26.50 lakhs annually. At present the total average annual expenditure incurred on hospitalisation of CGHS beneficiaries at the recognised hospitals in Delhi for the last three years was to the tune of Rs. 11.60 lakhs.

9.26. In the existing hospitals, there is no reservation of beds for C.G.H.S. beneficiaries. The number of beds is inadequate and the C.G.H.S. patients have to wait for admission as these patients are admitted along with the general public, in the hospitals depending upon their clinical conditions.

9.27. The existing arrangements for hospitalisation of C.G.H.S. beneficiaries are far from satisfactory in as much as the number of beds in the existing hospitals are inadequate and the patients have to wait for long periods for seeking admission in the hospitals. The construction of a separate hospital for C.G.H.S. beneficiaries will be costly and its recurring expenditure will also be much more than the expenditure at present borne by the C.G.H.S. on hospitalisation of beneficiaries. Moreover, the system of having separate hospitals for Government employees would not be in tune with the social objectives. The remedy, therefore, lies in augmenting the bed capacity in the existing hospitals at the earliest. It should also be ensured that the best medical facilities and the latest equipment are provided for the treatment of all kinds of ailments in these hospitals.

9.28. It is suggested that special arrangements for hospitalisation should be made for cardiac and seriously sick patients in the Safdarjung hospital for the convenience of C.G.H.S. beneficiaries living in that area.

9.29. The strength of doctors and nurses etc., in these hospitals may be suitably augmented immediately to provide efficient medical care to the patients admitted there, as these are stated to be inadequate to cope with the increased work load.

9.30. To man the emergency wards in the various hospitals, the staff is provided for round-the-clock-service. Government should ensure that the requisite staff, both clinical and technical, remains on duty to attend to patients reporting at all hours as there have been complaints in this regard.

9.31. It is observed that only one or two vehicles, out of five or six ambulances attached with the Willingdon and Safdarjung Hospitals to which C.G.H.S. beneficiaries are admitted, are roadworthy. Such laxity in the provision of essential transport service for carrying seriously sick patients to hospitals should not be allowed. The matter should be looked into at the highest level and concrete measures taken to see that the existing fleet of five/six ambulances is kept in efficient working condition and that it is suitably augmented to meet the requirements. This service should receive close attention so as to obviate the complaints which have been voiced widely before the Committee.

9.32. Bulk purchases of allopathic medicines for the C.G.H.S. are made through DGS&D rate contracts which are entered into with bulk suppliers and manufacturers of repute. For small and emer-

gency purchases, tenders are invited from approved firms and the lowest tender is accepted for such purchases. This year, the emergency purchases are being made from the Super Bazar. It has been noted that all precautions are taken to ensure that medicines and drugs of standard quality only are purchased and supplied for use in C.G.H.S.

9.33. Government should exercise constant vigilance and periodical checks to ensure that best quality drugs and medicines are purchased and that under no circumstances spurious or sub-standard drugs are purchased.

3.34. It is observed that Ayurvedic medicines are purchased by inviting tenders from those firms which have a standing of two years as manufacturer of ayurvedic medicines and that the lowest tenders are accepted by a Committee, consisting of Adviser I.S.M., Deputy Drug Controller etc., appointed for the purpose. These firms are also asked to submit a certificate from the Director of Ayurveda of the State to the effect that there has been no complaint against the firm. It is felt that the present system of purchasing of Ayurvedic medicines does not ensure the purity, standard and the quality of ayurvedic medicines supplied to the C.G.H.S. As admitted by the representatives of Government, no laboratory tests have been developed to test these medicines. The only criterion i.e., colour consistency, smell and taste which is applied to check the purity and the quality of medicines, does not appear to be satisfactory. It was also admitted by the representatives of the Ministry before the Committee that in the absence of laboratory tests the Ministry has to depend entirely on the discretion of the ayurvedic physicians to decide about the quality of the medicines. There appears to be no check about the reputation of the firms, their turn-over of ayurvedic medicines and sales in the market other than that to C.G.H.S. etc. in order to ensure that the firms are of proven standing in the matter of supply of drugs of unexceptionable quality. This is also generally borne out by the list of firms which supplied ayurvedic medicines to C.G.H.S. during the last three years.

9.35. Government should draw up a list of reputed ayurvedic firms which have a standing in the market for their supply of high quality ayurvedic medicines and should invite tenders from these firms only so that medicines of high quality are purchased and supplied to the patients.

9.36. Government have not been able to set up an Ayurvedic Pharmacy so far. It was proposed to open a Pharmacy for which a sum of Rs. 50,000 was provided in the Budget Estimates for 1968-69

and the funds were subsequently diverted for other use. The establishment of a pharmacy by Government would not only make available standard Ayurvedic medicines to the beneficiaries, but would also reduce their cost. Government should review the matter with all its implications and take a firm decision about setting up of an ayurvedic pharmacy.

9.37. Under the present set-up the C.G.H.S. is concentrating on proving curative aspects only, to the patients. Instead of merely concentrating on curative aspect, the C.G.H.S. should focus attention on preventive aspect, as prevention is better than cure. Positive health will lead to reduction in morbidity and thereby reduce medical expenses. Expenses incurred on assuring positive health will reflect in savings on drugs, hospitalisation, investigations, etc.

9.38. Government had started Yoga classes in 1961 but they were not continued due to lack of adequate response. Since 1961, there has been a widespread realisation about the efficacy of Yoga as a practical, simple, inexpensive and effective means of sustaining the body in good physique and mental condition. If C.G.H.S. makes systematic effort to publicise the efficacy of Yoga discipline and provide instructors with experience and standing to conduct classes under their personal supervision, there is no doubt that the movement for health through yoga would catch the imagination of Government employees and their families. Such concerted efforts for generating interest in yoga may be made in a few selected areas where there is large concentration of Government employees and in the light of experience gathered, it may be extended to other areas.

9.39. In order to attract doctors of eminence and standing, particularly for appointment as specialists, it is necessary that their emoluments should be commensurate with the responsobilities to be discharged by them. In deciding the scales of pay on the recommendations of the Pay Commission and having regard to all the relevant facts which have already been placed before the Government, a decision should be taken to see that the emoluments of doctors serving C.G.H.S., are such as to attract and retain the services of doctors of proven standing and experience, particularly, in appointments requiring specialization.

9.40. In order to eliminate the weaknesses in the C.G.H.S. Organisation, the Administrative Staff College had recommended the grouping of all the dispensaries in Delhi and New Delhi areas into five zones so that each zone could be under the administrative control of one Zonal Medical Officer.

9.41. Keeping in view the expanding nature of work under C.G.H.S. and the imperative need for improving the quality of service, Government should review carefully the position, in the light of the recommendations of the Administrative Staff College, to see what administrative support should be given to the Director, C.G.H.S. by way of appointment of zonal medical officers or specialists so that the dispensaries render satisfactory service to the beneficiaries, complaints are obviated and timely remedial measures are taken where necessary, to tone up the service.

9.42. Government should take suitable measures for training and refresher courses for the C.G.H.S. medical officers so as to keep them abreast of advances made in different branches of medical science.

9.43. Most of the C.G.H.S. dispensaries are located in residential quarters and rented private houses which are not suitable for the purpose. It is felt that due to lack of adequate accommodation, the services at the dispensaries have suffered. The first essential requisite for proper working conditions of medical and para-medical staff in dispensaries is the availability of suitable dispensary buildings which should be well laid out, and provide accommodation for efficient running of all services and convenient places for the beneficiaries who are waiting to consult the doctors together and have other essential amenities like water, fans etc. for patients. A phase programme for construction of the buildings for dispensaries should be drawn up and implemented to meet the long-felt need.

9.44. It is stressed that construction of dispensaries should constitute an integral part of development of new colonies built for the residence of Government employees and it should be ensured that the C.G.H.S. dispensary starts functioning simultaneously with the occupation of the colony by the residents.

9.45. The residential accommodation both for medical and para-medical staff in Government colonies is inadequate. Effective steps should be taken to provide residential accommodation to all essential medical and para-medical, staff attached to the dispensaries in the close proximity of their place of duty. Ayurvedic and Homoeopathic doctors are at present not eligible for allotment of residential accommodation from C.G.H.S. pool on the plea that they are not rendering any emergency service. The Committee were informed that the position in this regard is being reviewed. It is hoped that Homoeopathic and Ayurvedic doctors would not be

discriminated against in the matter of provision of suitable accommodation.

9.46. Government should review urgently the scale of Conveyance allowance allowed to the doctors in view of the perceptible increase in petrol prices and purchase price and maintenance of vehicles, so as to ensure that the doctors do not feel any financial constraint in examining the patients.

NEW DELHI;

April 16, 1974.

Chaitra 26, 1896 (*S*).

R. K. SINHA,

Chairman,

Estimates Committee.

APPENDIX I

(*Vide* Para 2.8)

List of 18 *New Cities to be covered under the C.G.H.S. During the Fifth Plan*

Name of city	Total No. of Central Govt. Employees.	Estimated No. of employees other than Railways
1	2	3
1. Poona	60,000	25,000
2. Hyderabad	25,000	13,000
3. Bangalore	30,000	14,000
4. Ahemadabad	20,000	10,000
5. Agra	18,000	8,000
6. Varanasi	18,000	8,000
7. Jaipur	23,000	10,000
8. Lucknow	54,000	15,000
9. Ajmer	20,000	9,000
10. Dehradun	16,000	8,000
11. Ferozepur	19,000	9,000
12. Gorakhpur	14,000	10,000
13. Jabalpur	45,000	15,000
14. Jhansi	36,000	16,000
15. Koragpur	40,000	15,000
16. Nasik	12,000	7,000
17. Trichurapali	18,000	8,000
18. Vishakhapatnam	19,000	10,000

APPENDIX II

(*Vide* Para 2.17)

Comparative Statement of Expenditure Under the Central Government Health Scheme and the C.S. (M.A.) Rules

Name of the City	Total No. of employees	No. of beneficiaries in respect of whom information has become available	Amount of reimbursement expenditure in respect of Column 3 (for the year 1966-67)	A/C Reimbursement per family	Estimated expenditure under CGHS at the rate of Rs. 110 per family per year in respect of total No. of employees *i.e.* Column 3 (based on direct cost of CGHS Delhi for 1966-67)
1	2	3	4	5	6
			Rs.	Rs.	Rs.
Allahabad	13,000	7,500	3,275,000	437	8,25,000
Kanpur	20,000	13,122	4,042,589	308	14,43,420
Madras	26,000	23,000	5,576,828	243	25,30,000
Meerut	11,000	10,425	5,171,860	209	11,46,750
Hyderabad	13,000	8,944	2,255,543	252	9,83,840
Calcutta	75,000	34,237	4,363,593	128	37,66,070
Ranchi	5,000 (Provisional)	4,642	3,844,990	859	4,99,620

APPENDIX III

(*Vide* Para 2.24)

Semi-Govt. Organisations/Autonomous Bodies in Delhi/New Delhi Position as on 30-5-73 *under the C.G.H.S.*

Sr. No.	Name of Organisation	No. of employees	Date of joining of the scheme	Amount Due	Remarks
1	2	3	4	5	6
1	C.S.I.R.	661	1-7-54		
2	C.S.I.O.	21	1-7-54		
3	I.S.I.	830	1-7-54		
4	C.P.F. Commissioner	106	1-7-54		
5	U.G.C.	400	15-5-55		
6	E.S.I.C. (Hqurs. Office)	350	1-3-55		
7	E.S.I.C. (Reg. Office)	151	1-3-55		
8	E.S.I.C. (Delhi Med)	746	1-3-55		
9	Hindustan Insect. Ltd. (Factory Wing)	117	1-2-55		
10	Hindustan Insect Ltd. (Regd. Office)	26	1-2-55		
11	C.B.I. & P.	77	1-7-55		
12	H.P.L.	935	1-7-55		
13	I.N.S.D.O.C.	244	1-7-55		
14	Pub. & Information Dte.	143	1-7-55		
15	C.R.R.I.	401	1-7-54		
16	O.N.G.C.	45	15-10-59		
17	Shaitya Akademi	50	1-9-60		
18	N.B. Trust, India.	88	1-4-60		
19	Lalit Kala Akademi	50	1-6-60		
20	I.C.M.R.	505	1-7-60		
21	Indian Roads Congress	30	1-6-60		
22	National Productivity Council	195	1-10-60		

1	2	3	4	5	6
23	National Coal Dev. Corp. Ltd.	24	1-9-60		
24	National Industrial Dev. Corporation Ltd.	315	1-7-60		
25	Medical Council of India	27	1-4-60		
26	Instt. of Chatered Acctt. of India.	130	1-11-60		
27	H.H. Exports Corp. of India Ltd.	131	1-10-60		
28	National Cooperative Development Corpn. Ltd.	196	1-1-61		
29	Indian Red Cross Society	144	1-7-60		
30	Indian Council for Cultural Relations	78	1-6-60		
31	School of Planning and Architecture	163	1-7-60		
32	Dental Council of India	15	1-8-60		
33	H.H. Factory Ltd.	49	1-7-61		
34	Central Wharehousing Corp.	413	1-6-60		
35	Heavy Engineering Corp. Ltd.	23	June 61.		
36	National Research Dev. Corp. Ltd.	38	1-9-61		
37	Delhi Library Board	165	1-3-62		
38	Sangeet Natak Akademi	42	1-10-61		
39	Industrial Finance Corp. of India.	325	1-10-61		
40	National Projects Const. Corp. Limited	187	1-9-61		
41	Admn. Mach. for Genl. Insurance Council.	5	1-2-61		
42	Central Social Welfare Board.	138	1-9-61		
43	Bharat Heavy Electrical Ltd.	94	1-7-61		
44	Heavy Electrical (India) Ltd.	18	1-7-61		
45	Inventions Promotion Board.	56	1-9-61		
46	Indian Drugs and Pharmaceuticals Limited.	180	1-8-61		
47	Shipping Development Fund Committee.	16	1-8-61		
48	Pharmacy Council of India	13	1-4-61		
49	Central Board for Worker's Education	16	1-1-62		
50	N.B.C.C. Ltd.	224	1-1-62		
51	N.C.E.R.T. Including N.I.E.	1042	1-9-61		

1	2	3	4	5	6
52	Lady Hardinge Medical College and Hospital	950	1-3-62		
53	Kalawati Saran Children Hospital	194	1-3-62		
54	Indian Investment Centre	95	1-6-62		
55	S.T.C. of India Ltd.	950	1-5-62		
56	National School of Drama & Asian Theatre Institute	24	1-9-62		
57	Pyricos & Chemicals Development Co. Ltd.	8	1-4-61		
58	National Small Industries Corp. Limited.	521	1-1-63		
59	Delhi Development Authority	2002	21-2-63		
60	I.C.A.R.	1202	1-2-63		
61	I.A.R.I.	2823	1-2-63		
62	Indian Institute of Petroleum	38	1-1-61		
63	Institute of Applied Manpower Research.	91	1-6-63		
64	The M.M.T.C. of India Ltd.	539	1-6-64		
65	The Rockfeller Foundation	33	1-2-65		
66	National Seeds Corp. Ltd.	309	1-9-65		
67	Central Wadk Council	7	1-9-66		
68	Indian Academy of Medical Sciences.	5	1-10-66		
69	N.I.H.A.E.	93	1-9-66		
70	National Council of Applied Res.	82	1-10-66		
71	National Cooperative Union of India.	51	1-1-67		
72	Committee for Cooperative Training.	46	1-10-66		
73	Indian Instt. of Foreign trade.	197	1-10-66		
74	National Federation of Coop.	22	1-9-66		
75	Textiles Committee	18	1-9-66		
76	Central Board of Secondary Education	71	1-11-66		
77	Tibetan Schools Society	21	1-9-66		
78	Hindustan Latex Ltd.	21	1-1-67		
79	Institute of Hotel Management Catering and Nutrition	108	1-3-67		

1	2	3	4	5	6
80	Regional Providend Fund Commission,	135	1-8-67		
81	Nehru Memorial Museum & Library.	119	1-11-67		
82	Delhi College of Engg. · · ·	391	1-4-69		
83	Central Council for Research in Indian Medicine & Homoeopathic. · ·	137	1-4-70		
84	Indian Institute of Public Administration. · · · · · ·	156	1-1-71		
85	Central School's Organisation. · ·	70	1-8-71		
86	Bal Bhawan · · · · · ·	90	1-8-71		
87	Jawaharlal Nehru University · ·	555	1-8-71		
88	National Institute of Family Planning.	170	1-4-71		

APPENDIX IV

(*Vide* para 3·18)

Statement showing staff strength for various ranges of dispensaries

Sr. No.	No. of Cards		No. of beneficiaries @4·25			Average Daily Attendance @ 2.85%			Number justified										
1.	Range		Mean	Range	Mean	Range		Mean	Medical Officer	Pharmacist	Dresser	Staff Nurse	Medical-Storekeeper	Clerk	Female-Attendant	Peon	Nursing-orderly	Sweeper	Chowkidar
1	Over 1500 upto 2000		1750	Over 6375 upto 8500	7438	Over 182 upto 242		212	2	2	1	1	1	2	1	1	1	1	1
2	Over 2000 upto 2950		2475	Over 8500 upto 12538	10519	Over 242 upto 358		300	3	2	1	1	1	2	1	1	1	1	1
3	Over 2950 upto 3900		3425	Over 12538 upto 16575	14557	Over 358 upto 472		415	4	3	2	1	1	2	1	2	1	2	1
4	Over 3900 upto 4850		4375	Over 16575 upto 20613	18594	Over 472 upto 588		530	5	3	2	1	1	2	2	2	1	2	1
5	Over 4850 upto 5800		5325	Over 20613 upto 24650	22631	Over 588 upto 702		645	6	4	2	1	1	2	2	2	1	2	1
6	Over 5800 upto 6750		6275	Over 24650 upto 28688	26669	Over 702 upto 818		760	7	4	3	1	1	3	2	2	1	2	1

N.B. 1. For 'Functioning' dispensaries, the followig addtional strength will be justified:—
Medical Officers—2 (One for night duty and one for emergency duty during the day).
Class IV employees—1(for assisting the Medical Officer on emergency duty during the day),

2. The staff strength for each of the eixsting Regional Clinical Laboratories will be as under:—
One Laboratory Technician, One Laboratory Attendant and one Sweeper,

3. For the purpose of this norm the Average Daily Attendance during the normal hours of dispensary should alone be taken into account.

APPENDIX V

(*vide* Para 4.15)

Comparative statement showing the age limit, qualifications, experience, scale of pay, NPA etc. laid down for the post of Ayurvedic Physicians, Homoeopathic Physicians & Allopathic Doctors.

Sr. No.	Ayurvedic Physicians	Homoeopathic Physicians	Allopathic Doctors
1 Age	35 years and below	35 years and below	30 years and below.
2 Method of recruitment	Direct recruitment	Direct recruitment	Direct recruitment
3 Qualifications & other conditions like experience.	*Essential* (*i*) Degree or diploma in Ayurveda from a recognised University or a Statutory State Board/Council/Faculty in Indian Medicine. (*ii*) About five years experience in the profession including about two years experience in a recognised Ayurvedic Hospital. (Qualifications relaxable at Commission's discretion in case of candidates otherwise well qualified). *Desirable*—Post graduate qualification in Ayurveda.	*Essential* (*i*) B.M.S. (Homoeopathy) D.H.M. DHS, DMS (Homoeopathy) BMBS or MMHS or equivalent Diploma (4 years course) or GMHS Degree (Agra) or equivalent. (*ii* At least 5 years of Homoeopathic practice preferably in a recognised hospital or dispensary. (Qualifications relaxable at the discretion of the Commission in case of candidates otherwise well qualified) *Desirable*— (*i*) B.Sc. or equivalent degree in Science from a recognised University. (*ii*) Postgraduate diplcma/ degree in Homoeopahty.	*Essential.* (*i*) A recognised medical qualification included in the First or Second Schedule or part II of the third Schedule (other than licentiate qualifications) to the Indian Medical Council Act, 1956. Holders of educational qualifications, included in Part II of the Third Schedule should fulfil the conditions stipulated in sub-section (3) of Section (3) of Section 13 of the Indian Medical Council Act, 1956. (*ii*) Completion of compulsory rotating internship.

4	Scale of pay and NPA . .	Rs. 325—25—500—30—590—EB—30—800 plus NPA @ 25% of pay subject to minimum of Rs. 150/- p.m.	Rs. 325—25—500—30—590—EB—30—800 plus NPA @ 25% of pay subject to a minimum of Rs. 150/- p.m.	Rs. 350—25—500—30—590—EB 30—830—35—900 plus NPA @ 33⅓% of pay subject to a minimum of Rs. 150/- p.m. and maximum of Rs. 400/- p.m.
5	Duties . .	(a) Medical attendance andtreatment of Central Government servants, members of their families and other beneficiaries covered by the CGHS. (b) Since other duties as may be assigned from time to time.	Same as of Ayurvedic Physicians.	Same as of Ayurvedic Physicians.

APPENDIX VI

(*Vide* para 4.29)

Sl. No.	Name of Drug.	Stock Position on 31-3-74	Qty. declared unfit for use 1970-71	Qty. written off	Amount of loss Rs. P.
1	2	3	4	5	6
1	Majjuphal	nil	8 kg	8 kg	64·00
2	Haritki	nil	89 kg	89 kg	75·65
3	Amla	nil	87 kg	87 kg	65·25
4	Brahmi	nil	60020 gm	60020 gm	120·04
5	Bahera	nil	88 kg	88 kg	44·00
6	Shankhpushpi	nil	96770 gm	96770 gm	120·96
7	Vayvidang	nil	17300 gm	17300 gm	8·65
8	Bavachi	nil	181/2 Kg	181/2 Kg	13·87
9	Pipal Lakh	nil	41½ Kg	41½ Kg	83·00
10	Jamun Guthli	nil	5800 gm	5800 gm	4·35
11	Jatamanshi	nil	24½ Kg	24½ Kg	196·00
12	Kathphal	nil	2500 gm	2500 gm	3·00
13	Pathani Lodhra	nil	47½ Kg	47½ Kg	47·50
14	Piplamool	nil	14 Kg	14 Kg	90·72
15	Palash Beeja	nil	10 Kg	10 Kg	10·00
16	Shivlingi Beeja	nil	1 Kg	1 Kg	14·00
17	Vacha	nil	18880 gm	18880 gm	28·32
18	Plash Beeja Churna	nil	5900 gm	5900 gm	5·90
19	Haldi	nil	95 Kg	95 Kg	332·50
20	Shunthi	nil	34450 gm	34450 gm	165·36
21	Nag Kehar	nil	42 Kg	42 Kg	189·00
22	Pipli	nil	34 Kg	34 Kg	306·00

1	2	3	4	5	6
23	Somalata	nil	19788 gm	19788 gm	168·19
24	Sarpagandha	nil	15200 gm	15200 gm	228·00
25	Punarnava	nil	52 Kg	52 Kg	52·00
26	Shatavari	nil	1 Kg	1 Kg	3·50
27	Marich Churna	nil	7200 gm	7200 gm	43·20
28	Ashwagandha	nil	49 Kg	49 Kg	196·00
29	Madhuyashthi	nil	63 Kg	63 Kg	252·00
30	Tal Makhana	nil	10 Kg	10 Kg	29·80
31	Ajwayan Khurasani	nil	3 Kg	3 Kg	6·42
32	Karanj Beeja.	nil	9700 gm	9700 gm	12·61
					2979·79
33	Tankan	163 Kg	173 Kg	10 Kg used	386·00
34	Chirayata	38 Kg	38 Kg	nil	171·00
35	Kakrasingi	50½ Kg	50½ Kg	nil	226·24
36	Pushkarmool	76½ Kg	76½ Kg	nil	221·85
37	Suranjan Mithi	34 Kg	34 Kg	nil	782·00
38	Sajjikshar	34 Kg	34 Kg	nil	119·00
39	Shital Chini	28 Kg	28 Kg	nil	196·00
40	Shivlingi	26 Kg	26 Kg	nil	364·00
41	Patol Patra	9500 gm	9500 gm	nil	13·41
42	Kala Dana	5 Kg	5 Kg	nil	10·50
43	Alua	2700 gm	2700 gm	nil	19·15
44	Isabgole Beej	2 Kg	2 Kg	nil	3·60
45	Nirbasi	1 Kg	1 Kg	nil	2·10
46	Shudhi Vishmushti	950 gm	950 gm	nil	7·98
47	Shudh Vatsnabh	900 gm	900 gm	nil	14·18
				GRAND TOTAL :—Rs.	5516·80

APPENDIX VII

(*Vide* Para 4·30)

Stock Position of compound Ayurvedic Medicines

Sl. No.	Name of Medicine	Stock position.
1.	Krishnanjan	1875 X 1 gms.
2.	Nidrodya Ras	186 X 100 gms.
3.	Naspushpantak Ras	214 X 100 gms.
4.	Prabhakar Vati	255 X 100 gms.
5.	Sarivadi Vati	72 X 100 gms.
6.	Sangjirahati Pishti	639 X 100 gms.
7.	Bol Parpatiti	1126 X 10 gms.
8.	Arash Kuthar Ras	106 X 100 gms.
9.	Tal Keshwar Ras	71 X 100 gms.
10.	Dantobhedgadantak Ras	76 X 100 gms.
11.	Nitya Nand Ras	39 X 100 gms.
12.	Prataplankeshwar Ras	57 X 100 gms.
13.	Mandoor Bhasm	39 X 100 gms.
14.	Ras Manikya	83 X 100 gms.
15.	Shankar Vati	240 X 100 gms.
16.	Keshore Guggulu	131 X 500 gms.
17.	Kanchnar Guggulu	48 X 500 gms.
18.	Gokshuradi Guggulu	195 X 500 gms.
19.	Triphala Guggulu	46 X 500 gms.
20.	Laksha Guggulu	87 X 500 gms.
21.	Shankh Bhasm	58 X 100 gms.
22.	Sangya hood Bhasm	90 X 100 gms.
23.	Varunadhi Loh	447 X 100 gms.
24.	Vidangadi Loh	60 X 100 gms.

APPENDI XVIII

(*Vide* para 5.1)

List of Hospitals recognised under the Central Government Health Scheme

Delhi and New Delhi:

1. Safdarjang Hospital, New Delhi.
2. Willingdon Hospital, New Delhi.
3. Lady Hardinge Medical College & Hospital, New Delhi.
4. Patel Nagar Hospital, New Delhi.
5. Moti Nagar Hospital, New Delhi.
6. Tilak Nagar Hospital, New Delhi.
7. St. Stephen's Hospital, Delhi.
8. Mrs. G. L. Maternity Hospital, New Delhi
9. Victoria Zanana Hospital, Delhi.
10. Holy Family Hospital, New Delhi, maternity cases from Jangpura and Srinivaspuri Dispensaries only.

   } Principally for maternity cases.

11. Kalawati Saran Hospital, New Delhi.
12. Irwin Hospital, New Delhi.
13. T. B. Hospital, Mehrauli.
14. S.J.T.B. Hospital, Delhi.
15. Madar Union Sanatorium, Madar, Ajmer.

   } For T.B. cases

16. Lady Linlithgow Sanitorium, Kasauli.
17. Christian Medical College Hospital, Vellore (for Cardiothoracic or neuro-surgery cases only on specific recommendation of Senior Staff Surgeon).
18. Children's Orthopaedic Hospital, Bombay.
19. Tata Memorial Hospital, Bombay (for cancer cases).
20. Mental Hospital, Ranchi.

Bombay:

21. S. K. Patil Arogyadham, Bombay.

22. Sarvodaya Hospital, Bombay.
23. Radhabai Watumal Sanatorium, Bombay.
24. G.T. Hospital, Bombay.
25. J. J. Hospital, Bombay.
26 Cama and Albless Hospital, Bombay.
27. St. George's Hospital, Bombay.
28. Bombay Hospital, Bombay.
29. Nanavati Hospital, Bombay.
30. Dental College and Hospital, Bombay.
31. Kasturba Hospital, Bombay.
32. Shushrusha Hospital, Bombay.
33. Tata Memorial Hospital, Bombay.
34. Children's Orthopaedic Hospital, Bombay.

Allahabad:

35. Swarup Rani Nehru Hospital, Allahabad.
36. Sir Tej Bahadur Sapru Hospital, Allahabad.
37. Moti Lal Nehru Hospital, Allahabad.
38. Dufferin Hospital, Allahabad.
39. M. D. Eye Hospital, Allahabad.
40. Children Hospital, Allahabad.
(Under Swarup Rani Nehru Hospital).
41. Kamla Nehru Hospital, Allahabad.
42. T.B. Sanatorium, Allahabad.
43. Naini Leprosy Hospital, Allahabad.

Meerut:

44. Pyare Lal Sharma Samyukta Hospital, Meerut.
45. Sardar Ballabhbhai Patel Hospital, Meerut.
46. T.B. Clinic, Meerut.

Kanpur:

47. Lala Lajpat Rai and its attached Hospitals, Kanpur.
48. A.H.M. Hospital, Kanpur.
49. U.H.M. Hospital, Kanpur.
50. K.P.M. Hospital, Kanpur.
51. J.K. Institute, Kanpur.

Calcutta:

52. Rama Krishna Mission Sewa Prathisthan, Calcutta.
53. Chittarajan Seva Sadan, Shishu Sadan, Calcutta.
54. Chittaranjan Cancer Research Institute, Calcutta.
55. Lumbini Park Mental Hospital, Calcutta.

APPENDIX IX

(*Vide* para 6.29)

Statement of Ayurvedic Medicines purchased from the Firms from 1970 to 73

Sl. No.	Name of the firm	Cost of medicines purchased in 1970-71	Cost of medicines purchased in 1971-72	Cost of medicines purchased in 1972-73
1	2	3	4	5
1.	M/s Desh Rakshak Aushadhalaya, Hardwar.	20810·11	3785·21	6956·85
2.	M/s Shankar Ayurvedic Pharmacy, Ahmedabad.	18389·26	837·50	Nil
3.	M/s Raj Vaidya Shital & Sons, Delhi.	39615·18	2788·79	6127·53
4.	M/s Navashakti Ayurvedalaya, Bhusawal.	66095·41	36675·85	88060·11
5.	M/s Co-operative Drugs Factory, Ranikhet.	54694·12	17861·40	2444·17
6.	M/s Zandu Pharmaceutical Pvt. Ltd., Bombay	1632·55	22875·87	40217·60
7.	M/s Shri Dhanwantry Lab. Bhagalpur.	24761·20	21601·16	41822·63
8.	M/s. Rishikul College Pharmacy, Hardwar	20601·95	2289·17	17751·68
9.	M/s Arya Vaidya Pharmacy, Coimbatore.	33622·07	Nil	36738·76
10.	M/s Petlad Mahal Arogya Mandal Phar. Nadiad (G)	14517·98	6848·12	5075·84
11.	M/s Swastika Drugs Pharma, Amritsar.	330·00	34428·77	Nil
12.	M/s Rameshwar Das Chhotey Lal, Delhi.	5775·00	Nil	4484·64
13.	M/s Mohta Rasayanshala, Hathras	824·00	1905·50	4144·71
14.	M/s Pushkarna Ayurvedic Pharmacy, Delhi.	30483·60	14800·00	13152·30
15.	Shri Krishna Pharmacy, Amritsar	3424·75	1981·72	Nil
16.	M/s. Amar Krishna Pharmacy, Amritsar.	309·00	Nil	Nil
17.	M/s Delhi Ayurvedic Pharmacy, Delhi.	22739·94	11741·62	15043·59
18.	M/s Subhash Ayurvedic Store, Nawada, Gaya.	164·80	15939·25	430·59

1	2	3	4	5
19.	The Ayurveda Rasayanshala, Poona.	93556·32	26289·53	34579·96
20.	Shri Dhanwantry Ayurvedic Pharmacy, Amritsar.	194947·99	137952·87	140320·29
21.	M/s Aravali Chemicals, Bombay.	Nil	12571·14	16956·37
22.	M/s Yogi Pharmacy, Hardwar.	Nil	127·41	Nil
23.	M/s Rake Laboratories, Ahmedabad.	Nil	618·00	Nil
24.	M/s Swasthya Vardhak Aushadhalaya, Varanasi.	Nil	7822·25	2871·10
25.	M/s Devi Sahai Banwari Lal, Delhi.	Nil	10558·72	Nil
26.	M/s Delhi Pharmaceuticals Co-Op. Society, Delhi.	Nil	1446·87	2049·90
27.	M/s Prabhat Ayurvedic Pharmacy, Amritsar.	Nil	9867·40	2999·36
28.	M/s Himalaya Drug Co. Bombay.	Nil	5512·33	29025·91
29.	M/s Aphali Pharmaceutical Ltd., Ahmed Nagar.	Nil	4510·61	57407·05
30.	M/s S. P. Pharma, Delhi.	Nil	2100·00	966·52
31.	M/s Dabur (Dr. S. K. Burman) Delhi.	Nil	Nil	42857·40
32.	M/s Indian Medical Pharma Co. Society, Madras.	Nil	Nil	30254·18
33.	M/s Atreya Ayurvedic Pharmacy, Baraut.	Nil	Nil	7902·16
34.	M/s Devraj Pharmaceutical, Amritsar.	Nil	Nil	1133·00
35.	M/s Shri Baidyanath Ayurved Bhawan, Patna.	Nil	Nil	4694·48
36.	M/s Patiala Ayurvedic Pharmacy, Patiala.	Nil	Nil	231·75
37.	M/s Alarsin Pharmaceutical, Bombay.	Nil	Nil	5108·80

APPENDIX X

(*Vide* para 8·1)

Organisational set up dealing with the matters relating to Central Government Health Scheme in the Ministry of Health & Family Planning (Department of Health)

SECRETARY (Ministry of Health & F. P.)

|

ADDITIONAL SECRETARY

|

JOINT SECRETARY

|

DEPUTY SECRETARY ..... (Part time)

|

UNDER SECRETARY ..... (Part time)

|

SECTION OFFICERS
CGHS (P) SECTION

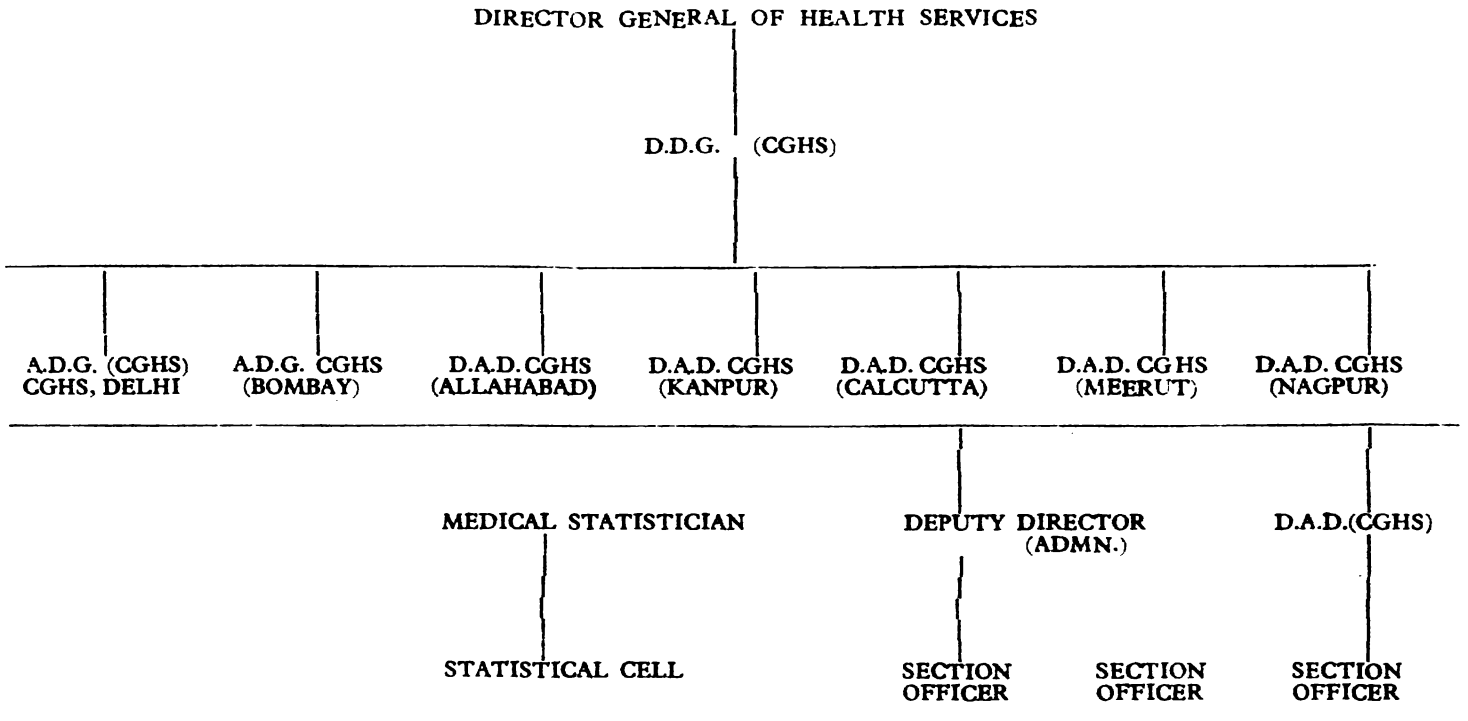
|

ASSISTANTS CLERKS
ETC.

APPENDIX XI

(*Vide* para 8.2)

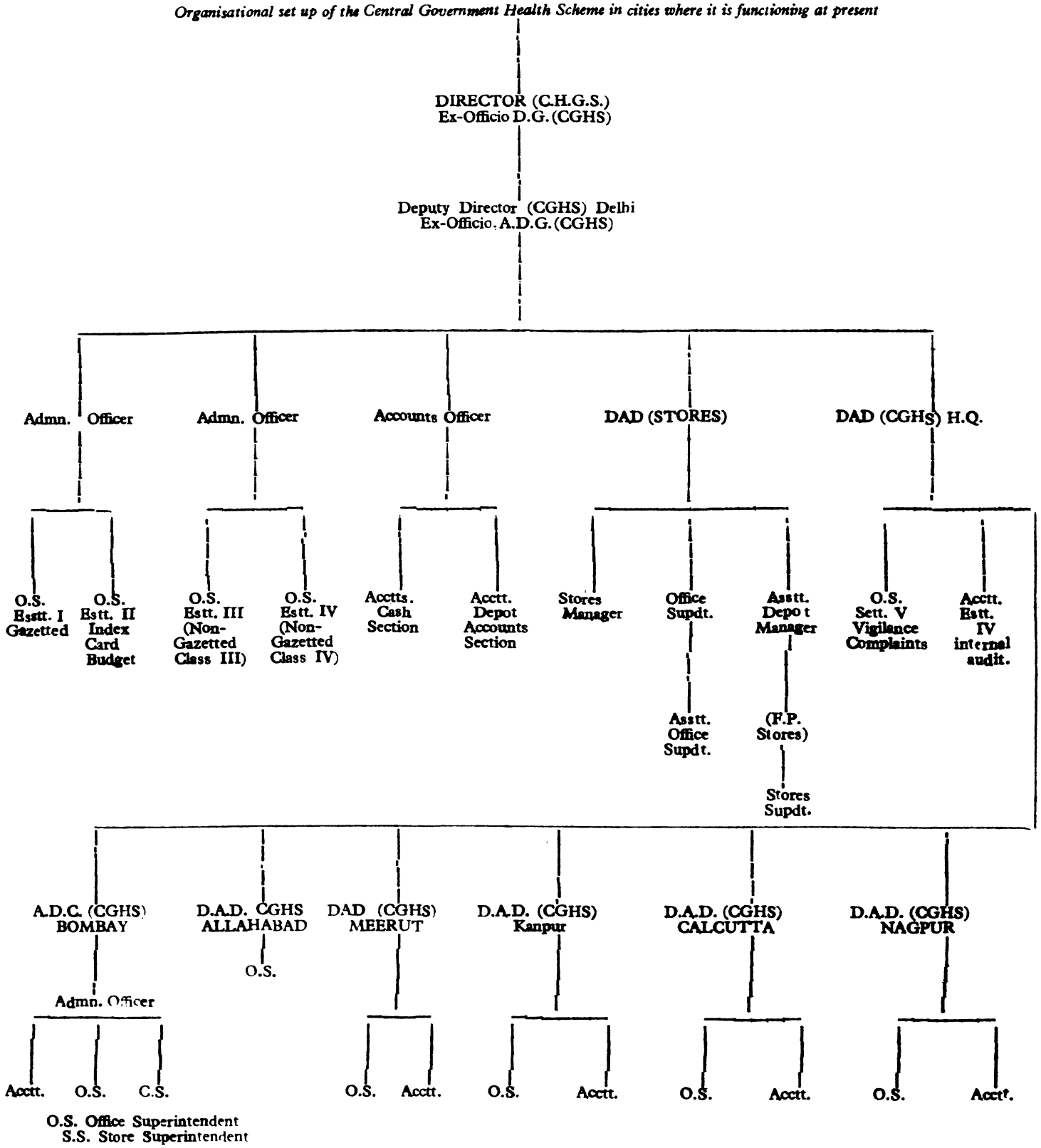
Organisational set up dealing with the matters relating to Central Government Health Scheme in the D.G.H.S. an attached Office of the Ministry of Health & Family Planning



APPENDIX XII

(*Vide* para 8.3)

Organisational set up of the Central Government Health Scheme in cities where it is functioning at present



O.S. Office Superintendent
S.S. Store Superintendent

APPENDIX XIII

(*Vide* Introduction)

Summary of Recommendations/conclusions contained in the Report

S. No.	Preference to Para No. of the Report	Summary of Recommendations/Conclusions.
(1)	(2)	(3)
1.	1.8	The Committee note that the main object of the Central Government Health Scheme, which was introduced in Delhi in 1954, was to provide comprehensive and satisfactory medical care services to Central Government employees and members of their families. They further note that the scheme has so far been extended to seven cities and covers about 2.80 lakhs of Government employees. As out of 15.4 lakh Central Government employees (excluding Railways) only 2.80 lakhs have been covered under the scheme so far, the Committee consider that the progress in the coverage of Central Government employees under this scheme has been rather slow. The Committee recommend that a detailed plan to extend this scheme to cover the Central Government employees, particularly at places which have a large concentration of such employees, should be prepared early by Government so that the benefit of this scheme is extended to a majority of the Central Government employees.
2.	2.8	The Commitee note that various proposals including the establishment of one Unani dispensary under the C.G.H.S. Delhi were under consideration of Government during the year 1973-74. The Committee feel that Government should have finalised these schemes so that they could be implemented during the last financial year.

(1)	(2)	(3)
3	2.9	The Committee understand that there is a demand for a Unani dispensary to be opened in the North Avenue to cater to the needs of beneficiaries of that area. The Committee have no doubt that Government will take this demnd into consideration while deciding the location of the new Unani dispensary.
4	2.23	The Committee regret to note that achievements in regard to the extension of the Central Government Health Scheme during the Fourth Plan, both in physical and financial terms, have fallen short of the targets. Against the target of 16 dispensaries for Bombay, 8 dispensaries for Kanpur and 12 dispensaries for Calcutta during the Fourth Plan period, with a coverage of 40,000, 20,000 and 30,000 families respectively, the dispensaries actually opened were 5 with a coverage of 14,100 families in Bombay and 3 with a coverage of 5,000 families each in the remaining two cities. The position in respect of other cities, except Allahabad, is also not satisfactory in regard to the coverage of families envisaged in those cities during the Fourth Plan period. Similarly, out of a total allocation of Rs. 395 lakhs during the Fourth Plan period, the expenditure actually incurred during the first four years of the Plan *i.e.*, upto 1972-73, has been of the order of Rs. 144.35 lakhs only i.e., about 39 per cent. The slow progress in regard to the extension of this scheme in these cities has been attributed to (i) non-availability of suitable accommodation for housing dispensaries; (ii) delay in getting financial clearance and acceptance by the State Governments for the provision of specialists' consultation and hospitalisation facilities for CGHS beneficiaries; and (iii) non-availability of medical and para-medical staff. The Committee consider that with their experience of running this scheme in Delhi since 1954, it was expected

(1)	(2)	(3)
		that Government should have foreseen all these difficulties before planning the extension of CGHS facilities to these cities and should have taken advance action to obviate them. It appears that this was not done.
5	2.24	The Committee note that a provision of Rs. 750 lakhs has been made for the extension of this scheme to 9 other cities during the Fifth Plan period, covering over 1.6 lakh families. The Committee urge that, in the light of the difficulties experienced in the expansion of this scheme during the Fourth Plan period, Government should prepare detailed plans and take effective measures in advance, in consultation with the State Governments, to resolve these difficulties and to ensure that there is no shortfall in extending the coverage to beneficiaries as compared to envisaged targets.
6	2.25	The Committee note that Government had drawn up a list of 18 cities, with a population of Central Government employees other than Railways, ranging from 7,000 to 25,000 in each city for the extension of this scheme. The scheme is, however, proposed to be extended to 9 cities only, during the Fifth Plan period. The Committee have been informed that the estimated expenditure under the C.G.H.S. based on direct cost of the scheme in Delhi for 1966-67, was Rs. 110 per family per year while the amount of reimbursement per family per year in the various cities ranged between Rs. 128 in the case of Calcutta and Rs. 859 in the case of Ranchi in the same year. It is thus evident that the expenditure on reimbursement of medical charges to Government employees under the Central Services (Medical Attendence) Rules, is much more per family than that incurred under the C.G.H.S. Moreover, according to the Government, the CGHS not only provides more efficient and com-

(1)	(2)	(3)
		prehensive medical care but also seeks to remove the delays and difficulties caused to Government Servants, particularly to the low-paid employees, in the matter of reimbursement of medical expenses as also in regard to entitlement, domiciliary visits, specialists' consultation, hospitalisation etc. In view of the significantly lower expenditure under the CGHS and the comprehensive medical care provided under this scheme, the Committee consider that the extension of the CGHS to all the cities with a sizeable population of Central Government employees (say 5000 and over), should be given high priority. The Committee would like the Government to prepare a perspective plan for extension of CGHS facility to these cities at the earliest by laying down proper priorities, considering the population of Central Government employees in those cities.
7.	2.26	The Committee feel that the extension of this scheme to these cities should not present any financial difficulties as, in any case, the expenditure on the reimbursement of medical charges to the Central Government servants, which is much higher, is at present being met by the various Ministries and Departments of the Government from their budgets which could easily be made available for the extension of the CGHS. Further, it is well known that the scheme of reimbursement of medical charges has been put to abuse in a number of cases. The Committee would urge the Government to take a firm decision in this regard at an early date in the interest of economy and better medical care for their employees.
8.	2.27	The Committee would like to stress that in extending the C.G.H.S. facilities, it should be ensured that the quality of service is not diluted but is constantly improved.

(1)	(2)	(3)
9.	2.32	The Committee note that CGHS in Delhi has been extended to a number of public undertakings semi-Government organisations/autonomous bodies on payment of full contribution. Similarly, seven undertakings outside Delhi have allowed the Central Government employees to receive medical treatment on payment in the hospitals, run by them. The Committee would urge that the CGHS should extend its coverage to the employees of public undertakings, semi-government organisations etc. who desire to be covered by it and who are not already covered by the State Employees Insurance Schemes, in all those cities where it is functioning.
10	2.33	The Committee would also like Government to ensure that medical facilities created by the public undertakings in various cities, are made available to Central Government employees in those cities. The intention of the Committee is that there should be integrated planning in the setting up of medical facilities by the Government and the public undertakings so that there is no duplication and overlaping.
11	2.34	The Committee would further stress that while extending the CGHS facilities to the employees of public undertakings and semi-government organisations and *vice-versa*, it should be ensured that there is adequate capacity in the concerned dispensaries and hospitals and that there is no over-crowding and the quality of service does not suffer.
12	2.39	The Committee are glad to note that the scope of the C.G.H.S. has been widened by bringing under its purview, *inter alia*, Central Government Pensioners in all cities and members of the general public in certain selected areas in Delhi only. In the opinion of the Committee, this is a step in the right direction in the interest of medical care of the community at large. The Committee recommend that in the light of the

(1)	(2)	(3)
		experience gained in extending this scheme to members of the general public in selected areas in Delhi, Government should consider its gradual extension to other areas in Delhi and also in other cities for members of the general public.
13	2.40	The Committee further consider that ex-M.Ps. have rendered valuable public service. They, therefore, strongly feel that there is no reason why C.G.H.S. should not be extended to the ex-M.Ps. on payment of the same contribution as they were paying as M.Ps.
14	2.41	The Committee would also like the Government to extend C.G.H.S. to political sufferers who are getting pensions from Government on the basis of monthly contribution leviable on the amount of pension received by them.
15	3.10	It is well recognised that the Dispensary Service is the back-bone of the C.G.H.S. Organisation as it projects the image of the entire Scheme to the beneficiaries. It is, therefore essential that constant effort should be made to improve this Service and make it as efficient and comprehensive as possible.
16	3.11	The Committee note that there are 13 dispensaries in Delhi where the number of families is more than double the prescribed number, *viz.* 2500 per dispensary. They urge that with a view to reduce overcrowding and congestion in these dispensaries, urgent measures should be taken to reduce the work-load on these dispensaries by opening more dispensaries in these areas at the earliest. It is necessary that a time-bound programme is drawn for this purpose. Till the opening of additional dispensaries, the strength of doctors in these dispensaries should be augmented to the extent necessary, to provide quick medical attendance to the beneficiaries of these areas.

(1)	(2)	(3)
17	3.12	The Committee also note that there are 17 areas in Delhi comprising about 31,266 families which have still not been covered under the CGHS and that the employees residing in these areas are governed by the Central Services (Medical Attendance) Rules. The Committee would like the Government to examine the feasibility of extending the C.G.H.S. to these areas as early as possible to enable the Government employees in these areas to have the benefit of this Scheme.
18	3.13	The Committee also recommend that in view of the rapid expansion of Delhi, resulting in the coming up of new colonies, Government should prepare a integrated plan to extend the C.G.H.S. to the newly developed colonies simultaneously with the development of such colonies so as to provide medical aid to Government servants residing there.
19	3.14	The Committee note that the Administrative Staff College of India, Hyderabad, in 1971, had recommended the constitution of a committee for the performance evaluation of each dispensary. The Committee are surprised to find that this recommendation has not been implemented by Government on the plea that Zonal Medical Officers have not been appointed so far. The Committee attach, great importance to the performance evaluation of the dispensaries as it would provide objective data with a view to identifying the weaknesses and effecting necessary improvement in their working and providing better service to the beneficiaries. They, therefore, recommend that the work relating to the evaluation of dispensaries should be taken up immediately by coopting other personnel on the Performance Evaluation Committee instead of waiting for the appointment of Zonal Medical Officers.

(1)	(2)	(3)
20	3.23	The Committee note that the Staff Inspection Unit of the Ministry of Finance had conducted a work-study of the CGHS in 1971 and prescribed norms of the staffing pattern in respect of CGHS allopathic dispensaries. The Committee find that the norms prescribed by the Staff Inspection Unit were significantly lower than those recommended by the CGHS Assessment Committee (1961) earlier. The Committee are surprised that Government have taken no action on the report of the Staff Inspection Unit, published in 1971, on the plea that as the report covers only the doctors working in the CGHS dispensaries, they are waiting for the report on specialists also. The Committee would like the Government to implement the recommendations already made by the Staff Inspection Unit without waiting for the report on specialists as it has already taken about three years to implement them.
21	3.24	The Committee deplore the delay in submission of report on specialists by the Staff Inspection Unit even after a lapse of three years. In the opinion of the Committee, Staff Inspection Unit should complete the examination of the entire organisation before taking up other tasks. They would, therefore, urge the Government to take suitable steps to expedite the submission of the remaining part of the report by the Staff Inspection Unit and implement the same at the earliest.
22	3.32	The Committee feel that there is a great need for establishing proper Doctor-patient relationship. They would urge that Government should examine this matter in depth and devise suitable steps to bring about the desired doctor-patient relationship.
23	3.33	The Committee are happy to note that a C.G.H.S. Advisory Committee is already function

(1)	(2)	(3)
		ing for providing a forum for Government servants to apprise the authorities of any difficulties which beneficiaries may experience and for presenting to Government the beneficiaries viewpoint in the formulation of policies for the functioning of the Scheme with a view to improving it. The Committee would urge that Government should take suitable steps to ensure that the meetings of the CGHS Advisory Committee are held regularly at least every quarter, and the recommendations and assurances etc. made therein implemented to the satisfaction of the beneficiaries.
24	3.34	The Committee note that the Contributory Health Service Scheme Assesment Committee had in 1961 recommended the constitution of Regional Councils consisting of Welfare Officers, Medical Officers-in-Charge of various dispensaries of the group, representatives of different services and of resident Associations etc. for discussion on matters of mutual interest and for giving suggestions to improve the working of the dispensaries in the region. The Committee understand that in pursuance of the above recommendation of the Assessment Committee, Regional Councils were constituted in 1968-69, but they were subsequently suspended as the response from the representatives as also from the Welfare Officers of the area was not very encouraging. The Committee feel that with a view to provide a forum of discussion of local problems arising in particular dispensaries, Government should consider the feasibility of reviving such Regional Councils and give due publicity to the constitution of these Councils in various areas to bring about an improvement in the working of the C.G.H.S. dispensaries.
25	3.40	The Committee note that at present the patients have to wait for long periods in the

(1)	(2)	(3)
		C.G.H.S. Dispensaries before they are able to obtain medicines. They hope that with the opening of more dispensaries and hospitals, the waiting time for patients at the dispensaries and hospitals will be reduced and over-crowding minimised. Meanwhile, it is necessary that suitable provision for waiting space and arrangements for fans and cold water at the existing dispensaries are made for the patients.
26	3.41	The Committee would further like an expert study of the procedures of registration, dispensing of medicines etc., to be made at an early date with a view to simplifying them, and reducing the time taken at various stages. They would urge that a time-limit for this study should be laid down and the improved procedures implemented at the earliest to save the time of the patients.
27	3.50	The Committee note that dispensing of medicines at most of the dispensaries is done at two windows—one for general medicines and the other for special medicines. Further, there have been cases where patients have to wait for medicines for days together on account of their non-availability. The Committee note that dispensing of general and special medicines from the same window, is being tried in a few selected dispensaries. They hope that this system will be introduced in all the dispensaries if the experiment proves successful in reducing the time taken by a patient to get the medicines.
28	3.51	The Committee would also like the C.G.H.S. to have a thorough review of their indenting and stocking procedure so as to ensure that sufficient stocks of medicines are available in the dispensaries. It has to be ensured that no patient remains without a medicine prescribed to him for more than one day. The Officer Incharge of

(1)	(2)	(3)
		the dispensary and the store keeper should exercise constant vigilance to replenish the stocks of medicines which are exhausted or are about to be exhausted. It has to be realised that nothing irritates a patient more than not getting a medicine prescribed for him. It should be the constant endeavour of the dispensaries to remove this irritant with a view to project a better image of the CGHS.
29	3.52	The Committee would further stress that as far as possible tablets etc., at the dispensing counter should be supplied in small envelopes instead of paper slips as sometimes is done in certain dispensaries.
30	3.62	The Committee are concerned to note that in Willingdon Hospital, the majority of specialists are required to look after, not only the CGHS beneficiaries but the general public as well. The Committee feel that as the specialists' services at Willingdon Hospital are also open to the general public, there are long waiting periods for the CGHS beneficiaries to avail of the service of specialists at this hospital. The Committee, therefore, recommend that there should be separate CGHS Wing in the Willingdon Hospital also as is the case in the Safdarjang Hospital where the CGHS beneficiaries are able to consult the specialists exclusively meant for them.
31	3.63	The Committee note that with a view to avoid rush and over-crowding at Willingdon and Safdarjang hospitals in Delhi for specialist consultation, Government have set up five polyclinics at Pusa Road, Lajpat Nagar, Daryaganj, Tilak Nagar and R. K. Puram. The Committee feel that each of these polyclinics should have the following facilities:— 1. Beds for emergency cases. 2. Oxygen cylinder facilities.

(1)	(2)	(3)
		3. Specialised laboratory examinations.
		4. Radiological examination and electro-therapy.
		5. Specialist services.
		6. Initial supply of special medicines.
		7. E.C.G. etc.
32	3.64	The Committee are of the view that facilities for specialities like medicine, surgery, dentisrty, ear, nose and throat, opthalmology, gynaecology and paediatrics should also be provided at these poly-clinics The surgical specialist should be in a position to do minor operation at the poly-clinic itself.
33	3.65	The Committee find that no evaluation of the various poly-clinics in Delhi New Delhi has been made so far. The Committee suggest that there should be a periodical evaluation of the working of poly-clinics to bring about the required improvements in the interest of efficient service to the beneficiaries.
34	3.66	The Committee further note that in several cases reference of the patient to a specialist is made not because of complication of diagnosis, but because of specialist's authority to prescribe some medicines. The Committee suggest that the feasibility of liberalising the condition of prescribing the specialist medicines by the Doctors as well may be examined in the interest of efficient service to the beneficiaries.
35	3.71	The Committee note that specialised treatment for Cancer, Poliemyelitis, mental diseases, nero-surgery etc. is provided to the C.G.H.S. beneficiaries in the institutions where facilities for treatment of such diseases exist. In view of the nature of illness requiring specialised treatment,

(1)	(2)	(3)
		the Committee suggest that Government should ensure that there is no difficulty for the C.G.H.S. beneficiaries to get admission in the relevant hospitals and that reimbursement of the medical charges, where admissible in such cases, is allowed to them expeditiously.
36	3.77	The Committee note that in Delhi there are 16 clinical laboratories to which a group of dispensaries are attached. The Committee feel that there should be arrangements for routine examination of blood, blood-sugar, urine, stooll etc., in dispensaries where the quantum of work so justifies, leaving only detailed clinical examination to be done at the various clinical laboratories in hospitals. The Committee would suggest that Government should ensure that the results of the laboratory test are sent to the respective dispensaries from the clinical laboratories within twenty-four hours.
37	3.78	The Committee are constrained to note that it takes unusually long time for the X-ray and other laboratory reports from the hospitals to reach the respective dispensaries. The Committee understand that the main reasons for delay in the receipt of X-ray and clinical reports at the dispensaries are due to courier system and shortage of staff in the X-ray Department and laboratories. The Committee would like the Government to examine in detail the reasons for delay in making available laboratory and X-ray reports and take effective measures to obviate the difficulties in this regard and to ensure that those reports are made available within 48 hours at the latest.
38	3.80	The Committee feel that for efficient medical care it is necessary that the history of treatment given to a particular patient is always available to the doctor. At present the prescrip-

(1)	(2)	(3)
		tions given to the patients are taken away by them and are often destroyed. At the time of the next visit of the patient to the dispensary, the doctors have no knowledge of the previous treatment. The Committee realise that the maintenance of permanent case cards for each patient would involve much clerical work and expenditure. While the maintenance of Case Cards for each patient should be the ultimate objective, the Committee would like that a beginning may be made in the case of chronic diseases, at the discretion of the medical officer.
39	3.86	The Committee are happy to note that emphasis is being laid on the Family Planning in J. J. Colonies and Class IV employees. Government have, however, no separate figures about the coverage of Class IV Central Government employees. The Committee, while reiterating the following recommendation contained in para 6.25 of the 13th Report of Estimates Committee (Fifth Lok Sabha), would emphasise that as Family Planning is most needed among the lower grade employees, Government should keep a record of such employees area-wise so that the Family Planning measures could be undertaken more effectively in the areas where there is large concentration of such employees:—
		"The Government have a net-work of Central Government dispensaries under the Central Health Service Scheme with a vast organisation in Delhi, the Committee feel, there is no reason why the CGHS should not be able to push through the programme for Family Planning and act as a model for other such schemes. They should lay greater emphasis on extension work and particularly concentrate

(1)	(2)	(3)
		their attention on Government employees coming from weaker sections by intensifying their programme in Class IV residential colonies."
40	4.10	The Committee note that there are only five Ayurvedic and three Homoeopathic dispensaries for all the CGHS beneficiaries throughout Delhi as against 63 Allopathic dispensaries. During the Fifth Five Year Plan, however, Government propose to set up Homoeopathic and Ayurvedic dispensaries in all the cities where the C.G.H.S. is in vogue. The Committee further note that Government have decided that in the new dispensaries proposed to be set up in Delhi, arrangements are to be made to have an attached wing of the Ayurvedic and Homoeopathic dispensary and that similar pattern would be followed elsewhere in future. The Committee welcome this development. They have no doubt that in the light of experience gained of the functioning of such composite dispensaries, Government will ensure that similar facilities for Ayurvedic and Homoeopthic treatment are available in all the new dispensaries which would be set up in future. As regards the opening of Ayurvedic and Homoeopathic wings in the existing dispensaries, the Committee would like Government to review the position in the light of the experience gained in the functioning of the new composite dispensaries and based on the preference of beneficiaries, take concrete measures to provide these facilities in the existing dispensaries as per a time-bound programme.
41	4.11	The Committee consider that the coexistence of Allopathic, Homoeopathic and Ayurvedic system of medicine provides an ideal laboratory

(1)	(2)	(3)
		where modern technology and ancient knowledge react on one another and can be used to bring about effective remedies for various diseases. The Committee would like the Government not to deny full facilities to the indigenous systems of medicine so that these systems are fully utilised for bringing relief to the beneficiaries who wish to avail of them.
42	4.12	The Committee note that Government have not so far collected the comparative figures of per capita cost of the three systems of medicines in the various States like Gujarat, Kerala etc. The Committee would like the Government to collect the relevant information from the State Governments with a view to effect improvement. The Committee would also like to stress that they are for the provision of comprehensive medical coverage being given to the CGHS beneficiaries in the form of medicines and hospital facilities. They would, however, like that strict watch should be kept on overheads and other administrative expenditure so as to keep them to the minimum. The effort should be to provide the best medical care to the CGHS beneficiaries.
43	4.17	The Committee note that the recommendations of the Staff Inspection Unit of the Ministry of Finance regarding the staffing pattern of Ayurvedic and Homoeopathic dispensaries are still awaited. The Committee have elsewhere recommended that the Ministry of Health should take suitable steps to ensure that the Report of the Staff Inspection Unit on the staffing pattern of Ayurvedic and Homoeopthic dispensaries is expedited and early decision taken by Government in pursuance of such recommendations.
44	4.18	The Committee understand that the scales of pay and non-practising allowance in the case of Ayurvelic and Homoeopathic physicians are

(1)	(2)	(3)
		lower than those admissible to the Allopathic doctors under the CGHS. The Committee find that in the beginning, the scales of pay and non-practising allowance of the Allopathic, Ayurvedic and Homoeopathic doctors serving in the CGHS were the same. But when the Central Health Service was constituted in 1966, the Allopathic doctors were given the benefit of higher scales of pay and non-practising allowance, according to the grades of Central Health Service. The scales of pay and non-practising allowance of Ayurvedic and Homoeopathic doctors were not simultaneously revised. The Committee are unable to appreciate why the scales of pay of the three systems of medicines were not revised at the same time with a view to maintain parity. The Committee trust that suitable action will be taken by Government without delay in this regard.
45	4.19	The Committee note that while specialist doctors have been appointed on the side of Allopathy, no such specialists except one Adviser each has been appointed for Ayurvedic and Homoeopathic systems. The Committee feel that keeping in view the advances made in Ayurvedic and Homoeopathic systems and the preference of beneficiaries, Government should examine the question of appointing either more advisors or specialists, to meet the needs of beneficiaries, desiring Ayurvedic and Homoeopathic treatment. The Committee need hardly point out that if the quality of service and the scope of facilities for treatment by Ayurvedic and Homoeopathic systems is made comparable to what is available in Allopathic system, there is bound to be greater response for these systems from the beneficiaries as it is well known that these systems suit well the genius and temperament of our people for a variety of ailments.

(1)	(2)	(3)
46	4.39	The Committee note that Ayurvedic medicines costing over Rs. four lakhs were purchased by the CGHS in 1968-69. A large quantity of these medicines proved much in excess of requirements. Out of these, medicines amounting to over Rs. 5,000 are stated to have been declared unfit for use and have been/will be written off. Further, a large number of medicines which were purchased at that time are still being used by the various Ayurvedic dispensaries. There are 24 Compound Ayurvedic medicines which are in stock for over five years. The Committee note that during 1968, only two Ayurvedic dispensaries were functioning. All this indicates that these Ayurvedic medicines were purchased without proper planning and a realistic assessment of requirements.
47	4.40	The Committee have been informed that the medicines were purchased in excess of the requirement, keeping in view the anticipated demands from certain dispensaries which were still to be opened and certain ingredients which were required for preparation of Ayurvedic drugs, some of which got spoiled in storage. The Committee are not convinced with the reason advanced by Government that the stock of medicines purchased could be utilised in the normal course of time due to the delayed opening of three Ayurvedic dispensaries. The Committee observe that these dispensaries which were originally proposed to be opened in January and February, 1969 were actually opened (i) on 14th February, 1969 at R. K. Puram, (ii) on 31st March, 1969 at North Avenue, and (iii) on 2nd June, 1969 at Dev Nagar. Thus, in the case of first two dispensaries, there was no appreciable delay while in the case of the last one, there was a delay of about 4 months only, which in the opinion of the Committee could not have greatly

(1)	(2)	(3)
		affected the usage of Ayurvedic medicines resulting in their being declared as unfit for use or becoming so much surplus.
48	4.41	The Committee further note that two more Ayurvedic dispensaries—one in Timarpur and another in Tilak Nagar areas were also proposed to be opened in 1968. It appears that provision of medicines for these two dispensaries was also made and the Ayurvedic medicines were purchased, though the dispensaries have not yet been opened. It is also noticed that there was a proposal to open a Pharmacy for the preparation of Ayurvedic medicines in 1968. This has also not been opened so far. It is thus evident that the purchase of these Ayurvedic medicines was made in haste without a firm decision being taken.
49	4.42	During the course of the evidence, the Committee drew the attention to the excess purchase of Ayurvedic medicines and the losses suffered during storage and complaints of irregularities in their purchase and stockings. Government appointed a departmental committee to go into the matter. The conclusions of the departmental committee are reproduced below: 'It is unfortunate that in spite of the best efforts, some medicines were rendered unusable and have to be written off. The Committee feel that the Adviser I.S.M. should keep a close watch on the utilisation and purchase of medicines in future so that assessments are more realistic, storage proper and consumption according to the pattern anticipated. He should hold meetings preferably every two months with Ayurvedic Physicians and Stores Officers for the better functioning of dispensaries and proper use of the medicines on the basis of such periodical reviews.

(1)	(1)	(3)
		The results of these reviews should be intimated to Director, CGHS and the Health Ministry from time to time.'
		The Committee also note that Government have taken the following steps to avoid recurrence of such purchases:
		'(a) The Ayurvedic Stores have been shifted to separate premises under an Officer-in-Charge, Ayurvedic (Stores). Formerly, they were housed in the Gole Market Dispensary and the Physician-in-Charge there had to look after its work. The space for the stores was inadequate being housed in one room only with a temporary structure in the compound.
		(b) Office staff consisting of one U.D.C. and three L.D.Cs. are now posted to the Ayurvedic Stores. During 1968-69, only one L.D.C. was provided for all the purchase work in the Ayurvedic Stores.
		(c) The procedure for the purchase of medicines has been streamlined. The requirements of medicines are assessed on the basis of past four months expenditure. Medicines in the essential category are purchased equal to six months' requirements and those in the general category equal to four months' requirements. The stocks in hand and supplies on the way from the suppliers are also taken into account while working out such requirements.'
50	4.43	The Committee see no reason why all these steps could not be taken earlier to obviate such losses. The Committee desire that the Adviser, I.S.M. should ensure that periodical reviews are

(1)	(2)	(3)
		made of the medicines in stocks in order to put them to the best use and that the results of such reviews are put up to the Director, C.G.H.S. The Committee would like to emphasise that Government should ensure that there is no recurrence of such cases.
51	4.47	The Committee take a very serious view of the shortage of Ayurvedic medicines to the tune of Rs. 1820.46 detected in the C.G.H.S. Ayurvedic dispensary at North Avenue during routine physical verification in June-July, 1971. The Committee note that the cost of the medicines found short has been is being recovered from the Medical Officer-in-charge and the Pharmacist concerned at 50:50 basis. The Committee feel that the recovery of the loss from the persons concerned in a Government establishment after the loss is detected is not the only remedy in such cases, but suitable disciplinary acion should also be taken in all such cases. The Committee would suggest that Government should take concrete measure to streamline the accounting procedures and plug loop-holes to obviate the recurrence of such losses through pilferage etc. The Committee would further suggest that there should be a regular system of surprise checks by the Supervisory Officers for checking the stocks of medicines in stores and dispensaries to obviate pilferage, replacement of standard drugs by non-standard ones etc., and to bring to book without delay the delinquent officials.
52	5.14	The Committee note that all cases of C.G.H.S. beneficiaries requiring hospitalisation are referred, on the advice of medical officers and the specialists under the Schemes, to various

(1)	(2)	(3)
		hospitals *viz.*, Central Government hospitals, State Government hospitals and other private hospitals recognised for the purpose. The Committee also note that expenditure on hospitalisation, laboratory tests, bio-chemical investigations, and specialist consultation etc., is borne by the CGHS. The Committee further note that there are no hospitals owned by CGHS and that they have a proposal to set up their own hospitals at Delhi and Bombay.
53	5.15	The Committee find that the average number of CGHS patients who were hospitalised for indoor treatment during the years 1969, 1970 and 1971 was about 20,000 per year, and based on this figure, the CGHS requires a hospital of 600 beds. The capital cost of constructing a 600 bedded hospital is estimated at Rs. 1.50 crores and the recurring expenditure is Rs. 26.50 lakhs annually. At present the total average annual expenditure incurred on hospitalisation of CGHS beneficiaries at the recognised hospitals in Delhi for the last three years was to the tune of Rs. 11.60 lakhs.
54	5.16	The Committee note that in the existing hospitals, there is no reservation of beds for CGHS beneficiaries. The number of beds is inadequate and the CGHS patients have to wait for admission as these patients are admitted along with the general public, in the hospitals depending upon their clinical conditions.
55	5.17	The Committee feel that the existing arrangements for hospitalisation of CGHS beneficiaries are far from satisfactory inasmuch as the number of beds in the existing hospitals are inadequate and the patients have to wait for long periods for seeking admission in the hospitals. The Committee consider that the construction

(1)	(2)	(3)
		of a separate hospital for CGHS beneficiaries will be costly and its recurring expenditure will also be much more than the expenditure at present borne by the CGHS on hospitalisation of beneficiaries. Moreover, the system of having separate hospitals for Government employees would not be in tune with the social objectives. In the opinion of the Committee, the remedy lies in augmenting the bed capacity in the existing hospitals at the earliest. It should also be ensured that the best medical facilities and the latest equipment are provided for the treatment of all kinds of ailments in these hospitals. The Committee would further like that special arrangements for hospitalisation should be made for cardiac and seriously sick patients in the Safdarjung hospital for the convenience of CGHS beneficiaries living in that area.
56	5.18	The Committee recommend that the strength of doctors and nurses etc., in these hospitals may be suitably augmented immediately to provide efficient medical care to the patients admitted there, as these are stated to be inadequate to cope with the increased work-load.
57	5.19	The Committee note that to man the emergency wards in the various hospitals, the staff is provided for round-the-clock-service. The Committee desire that Government should ensure that the requisite staff, both clinical and technical, remains on duty to attend to patients reporting at all hours as there have been complaints in this regard.
58	5.23	The Committee are greatly concerned to find that only one or two vehicles, out of five or six ambulances attached with the Willingdon and Safdarjung Hospitals to which CGHS beneficiaries are admitted, are road-worthy. The Committee need hardly stress that such laxity

(1)	(2)	(3)
		in the provision of essential transport service for carrying seriously sick patients to hospitals should not be allowed. The Committee deprecate the inordinate delay in rectifying the position and desire that the matter should be looked into at the highest level and concrete measures taken to see that the existing fleet of five|six ambulances is kept in efficient working condition and that it is suitably augmented to meet the requirements. The Committee stress that this service should receive close attention so as to obviate the complaints which have been voiced widely before the Committee.
59	5.25	The Committee note that at present there are no hospital facilities in Delhi for Ayurvedic treatment. They note that Ayurvedic hospitals are functioning in States like Kerala, Gujarat and Rajasthan etc. and that C.G.H.S. patients requiring hospitalisation in Ayurvedic hospitals are sent to these hospitals, wherever necessary. The Committee feel that Ayurvedic system of medicine has not been given the encouragement that it deserves. In view of the fact that it is an indigenous system evolved from ancient times and suits the temperament of our people, it is but proper that hospitalisation facilities are provided in this system of medicine also. The Committee note that Government propose to set up an Ayurvedic hospital in Delhi during the Fifth Plan and that the details in this regard have been worked out. The Committee hope that concrete measures will be taken by Government so as to provide hospitalisation to patients desiring Ayurvedic treatment in Delhi.
60	6.41	The Committee note that bulk purchased of allopathic medicines for the CGHS are made through DGS&D Rate Contracts which are entered into with bulk suppliers and manufacturers of repute. For small and emergency pur-

(1)	(2)	(3)
		chases, tenders are invited from approved firms and the lowest tender is accepted for such purchases. This year, the emergency purchases are being made from the Super Bazar. The Committee have been assured that all precautions are taken to ensure that medicines and drugs of standard quality only are purchased and supplied for use in CGHS. The Committee further note that encouragement is given for purchase and use of drugs by their generic names rather than by trade names as these are much cheaper and the quality is equally efficacious. The Committee are in agreement with the policy that in purchasing allopathic medicines, the use of trade names should be discouraged.
61	6.42	The Committee are informed that regular tests of drugs are made to ensure that high standards are maintained in the manufacture of medicines and drugs and that sub-standard medicines are not supplied to the CGHS. They would like Government to exercise constant vigilance and periodical checks to ensure that best quality drugs and medicines are purchased and that under no circumstances spurious or sub-standard drugs are purchased.
62	6.43	The Committee note that there is no procedure of quality control of homoeopathic medicines and that their quality cannot also be proved by chemical test. The homoeopathic medicines are, therefore, purchased from reputed firms of India and abroad who have a standing in the market and have the capacity to supply the medicines. The Committee feel that in the absence of any facility for chemical test of homoeopathic medicines, it is imperative that these should be purchased from firms of proven standing to ensure their quality and standards.

(1)	(2)	(3)
63	6.44	The Committee note that ayurvedic medicines are purchased by inviting tenders from those firms which have a standing of two years as manufacturer of ayurvedic medicines and that the lowest tenders are accepted by a Committee, consisting of Adviser, I.S.M., Deputy Drug Controller etc., appointed for the purpose. These firms are also asked to submit a certificate from the Director of Ayurveda of the State to the effect that there has been no complaint against the firm. The Committee consider that the present system of purchasing of ayurvedic medicines does not ensure the purity, standard and the quality of ayurvedic medicines supplied to the CGHS. As admitted by the representatives of Government, no laboratory tests have been developed to test these medicines. The only criterion *i.e.*, colour consistency, smell and taste which is applied to check the purity and the quality of medicines, does not appear to be satisfactory. It was also admitted by the representatives of the Ministry before the Committee that in the absence of laboratory tests the Ministry has to depend entirely on the discretion of the ayurvedic physicians to decide about the quality of the medicines. There appears to be no check about the reputation of the firms, their turn-over of ayurvedic medicines and sales in the market other than that to CGHS etc. in order to ensure that the firms are of proven standing in the matter of supply of drugs of unexceptionable quality. This is also generally borne out by the list of firms which supplied ayurevedic medicines to CGHS during the last three years. The Committee consider that even in the case of allopathic medicines, the reputation and the standing of the firm are ensured before placing orders which does not appear to be the case in respect of ayurvedic medicines. The Committee consider that efficacy and popularity of a system of medicine, apart from other

(1)	(2)	(3)
		things, depends on the standard and the quality of medicines administered to the patients. The Committee therefore, recommend that Government should draw up a list of reputed ayurvedic firms which have a standing in the market for their supply of high quality ayurvedic medicines and should invite tenders from these firms only so that medicines of high quality are purchased and supplied to the patients. The Committee have no doubt that this would go a long way in making the ayurvedic system more popular among the CGHS beneficiaries.
64	6.45	The Committee note that the Purchase Committee for Ayurvedic medicines consists of the Adviser, Indigenous System of Medicines, Ministry of Health, the Deputy Drugs Controller, Directorate General of Health Services, Deputy Assistant Director (Stores), Central Government Health Scheme, Senior Research Officer, Indigenous system of medicine and the Medical Officer-in-Charge, Ayurvedic Stores, Central Government Health Scheme. The Committee consider that it would be desirable if a representative of the Associated Finance is also represented on the Purchase Committee.
65	6.46	The Committee regret to note that Government have not been able to set up an Ayurvedic Pharmacy so far. They understand that it was proposed to open a Pharmacy for which a sum of Rs. 50,000 was provided in the Budget Estimates for 1968-69 and the funds were subsequently diverted for other use. It has been urged before the Committee that establishment of a pharmacy by Government would not only make available standard Ayurvedic medicines to the beneficiaries, but would also reduce their cost. The Committee also understand that similar pharmacies are already working in some States, notably Gujarat and Kerala. The Committee would like Government to review the matter with all its

(1)	(2)	(3)
		implications and take a firm decision about setting up of an ayurvedic pharmacy, so that if the proposition is found to be beneficial, it is implemented as per a time-bound programme to be laid down in this behalf.
66	6.47	The Commitee need hardly stress that CGHS should spare no pains to see that they get the best quality of medicines consistent with cost, and that the system of checking is such that under no circumstances, spurious or sub-standard medicines are accepted for issue. There should also be standing arrangements for strict checking of medicines and injections etc. which are liable to damage during storage, so as to see that these are stored properly and that, in no case, expired-date medicines are issued. The Committee also stress that CGHS authorities should strengthen their inventory control and stock verification to see that there is no scope for pilferage.
67	6.52	The Committee note that the CGHS Formulary is prepared by a Committee consisting of heads of various specialities and that the same is reviewed from time to time and kept most comprehensive and up-to-date by adding the latest drugs in the field of medicines and deleting the obsolete ones. They further note that there are at present two lists in this Formulary—one consisting of comparatively inexpensive medicines which the GDMO's can prescribe while the other list which consists of expensive proprietory medicines, can be prescribed by specialists. The Committee have been informed by the representative of the Ministry that the Medical Officers Incharge of dispensaries have been authorised to prescribe medicines from the second list also and that in emergent cases any doctor can prescribe any medicine. The Committee have been given the impression during their visits to the dispensaries that not infrequently, the beneficiaries ex-

(1)	(2)	(3)
		perience difficulties in getting in time medicines which are necessary in the interest of quicker and more efficacious treatment. The Committee suggest that the whole matter may be reviewed by Government to see, how these genuine difficulties of the patients could be resolved by either providing for specialists to visit the dispensaries more frequently, or for expeditious internal reference by the G.D.M.Os to the specialists for approving the prescription of the medicine required, which may be falling in List I. The Committee have no doubt that Government would ensure that the CGHS formulary is kept up-to-date, so that the latest and most efficacious medicines are readily available to the beneficiaries.
68	7.6	The Committee note that under the present set-up the CGHS is concentrating on providing curative aspects only to the patients. The Committee wish to emphasise that instead of merely concentrating on curative aspect, the CGHS should focus attention on preventive aspect, as prevention is better than cure. Positive health will lead to reduction in morbidity and thereby reduce medical expenses. Expenses incurred on assuring positive health will reflect in savings on drugs, hospitalisation, investigations, etc.
6.9	7.7	The Committee, therefore, consider that Government should take concerted preventive measures so as to minimise the incidence of sickness among the beneficiaries. The aim should be to pursue the concept of Arogya' which deals with physical, mental and moral aspects of men. It would be advantageous if people are educated about the causes, symptoms etc., of the various diseases like high blood pressure, nerve troubles, cardiac diseases etc., which are taking a heavy toll and are increasing day by day. The usefulness and effect of the various foods, fruits and vegetables on the system should be publicised

(1)	(2)	(3)
		through booklets in simple and easy to understand language.
70	7.8	The Committee understand that a number of instructive brochures and pamphlets have been brought out in foreign countries on the subjects of "The Vitamins Explained Simply", Eating for Health', "The Key to Fitness', Heart Ailments', 'High Blood Pressure', 'Nerve Troubles" etc. The Committee understand that there is a Central Health Education Bureau under the Directorate General of Health Services which deals with health education. The Committee would like the Directorate of the CGHS to bring out in conjunction with this Health Education Bureau, booklets and brochures which should highlight vital information relating to common diseases which the beneficiaries suffer from.
71	7.9	The Committee note that at present there is one Health Check Up Centre, functioning in the Central Secretariat Dispensary. The Committee would like Government to review the functioning of this centre to see how far, the services provided for by it are being availed of and if the response is not upto the mark what further measures including improvements in the quality of service and publicity, should be taken to attract more beneficiaries to avail of this facility, particularly after the employees reach the age of 50.
72	7.18	The Committee note that Government started Yoga classes in 1961 but they were not continued due to lack of adequate response. Since 1961, there has been a wide-spread realisation about the efficacy of yoga as a practical, simple, inexpensive and effective means of sustaining the body in good physique and mental condition. The Committee feel that if CGHS makes systematic effort to publicise the efficacy of yoga discipline and provide instructors with experience

(1)	(2)	(3)
		and standing to conduct classes under their personal supervision, there is no doubt that the movement for health through yoga would catch the imagination of Government employees and their families. The Committee feel that such concerted efforts for generating interest in yoga may be made in a few selected areas where there is large concentration of Government employees and in the light of experience gathered, it may be extended to other areas. The Committee need hardly point out that to popularise yoga it may be taught in stages so that those who are interested in learning more 'asnas' can do so according to their needs and aptitudes while others may benefit from a few essential basic exercises.
73	7.19	The Committee would like to be informed within three months of the concrete action taken by Government in the implementation of the above recommendation.
74	8.5	The Committee were given the impression during their visits that in order to attract doctors of eminence and standing, particularly for appointment as specialists, it is necessary that their emoluments should be commensurate with the responsibilities to be discharged by them. The Committee have no doubt that in deciding the scales of pay on the recommendations of the Pay Commission and having regard to all the relevant facts which have already been placed before the Government, a decision would be taken to see that the emoluments of doctors serving CGHS, are such as to attract and retain the services of doctors of proven standing and experience, particularly, in appointments requiring specialization.
75	8.9	The Committee note that in order to eliminate the weaknesses in the C.G.H.S. Organisation, the Administrative Staff College recommended the grouping of all the dispensaries in

(1)	(2)	(3)
		Delhi and New Delhi areas into five zones so that each zone could be under the administrative control of one Zonal Medical Officer. The responsibility of the Zonal Medical Officers have been laid down which include *inter alia* close supervision of different dispensaries, fixing targets for disease prevention and control, reduction in cost per beneficiary, evaluating the working of dispensaries, reviewing the complaints, etc. The Committee note that at present the Director, C.G.H.S. is required to make daily inspections of dispensaries of C.G.H.S. and supervise the working of these dispensaries which are over 70 at present.
76	8.10	The Committee feel that keeping in view the expanding nature of work under CGHS and the imperative need for improving the quality of service, the Committee would like Government to review carefully the position, in the light of the recommendations of the Administrative Staff College, to see what administrative support should be given to the Director, CGHS by way of appointment of zonal medical officers or specialists so that the dispensaries render satisfactory service to the beneficiaries, complaints are obviated and timely remedial measures are taken, where necessary, to tone up the service.
77	8.20	The Committee are in full agreement with the following observations made by the CGHS. Assessment Committee in paras 24 and 25 of their Report (1962):
		"(i) The Committee is of the view that it is essential for the doctors employed in the Contributory Health Service Scheme to be up-to-date in their knowledge of different branches of medical science particularly because

(1)	(2)	(3)
		of the fact that enormous advances are being made every year in this field. For this purpose, it will be necessary to provide proper facilities for conducting Refresher Courses periodically. Such courses can be arranged in conjunction with the different teaching institutions in Delhi.
		(ii) As promotions in the service will necessarily depend upon postgraduate training and qualifications, the junior doctors in particular should be provided with opportunities for undergoing the different postgraduate coures in which they are interested. For this purpose, they should be given study leave periodically. Some of them, particularly the specialists, might be given fellowships to go abroad solely for the purpose of gaining more practical experience in their respective fields. It will also be desirable to send senior specialists periodically on short observation tours in order to enable them to get acquainted with recent developments made in medical sciences in other countries."
		The Committee desire that Government should take suitable measures for training and refresher courses for the CGHS medical officers so as to keep them abreast of advances made in different branches of medical science. The Committee would like to know the concrete measures taken or proposed to be taken in this behalf.
78	8.21	The Committee consider that training in inventory management is very necessary for

(1)	(2)	(3)
		effective stores management and to obviate shortages of medicines in the CGHS medical stores and dispensaries. It is therefore, desirable that the authorities controlling the stores should be well versed in modern methods of materials management and inventory control. The Committee are surprised to note that during the year 1970, no doctor was sent for training in the National Institute of Health Administration and Education and in 1971 only one doctor was detailed for training. They are, however, informed that in 1972 and 1973 10 doctors each were sent for training The Committee desire that a well regulated and phased programme of training medical and other staff in inventory control and storekeeping should be drawn up and implemented.
79	8.25	The Committee regret to note that most of the CGHS dispensaries are located in residential quarters and rented private houses which are not suitable for the purpose. The Committee feel that due to lack of adequate accommodation, the services at the dispensaries have suffered. The first essential requisite for proper working conditions of medical and paramedical staff in dispensaries is the availability of suitable dispensary buildings which should be well laid out, and provide accommodation for efficient running of all services and convenient places for the beneficiaries who are waiting to consult the doctors together and have other essential amenities like water, fans etc, for patients. They recommend that a phased programme for construction of the buildings for dispensaries should be drawn up and implemented to meet the long-felt need.
80	8.26	The Committee stress that construction of dispensaries should constitute an integral part of development of new colonies built for the

(1)	(2)	(3)
		residence of Government employees and it should be ensured that the CGHS dispensary starts functioing simultaneously with the occupation of the colony by the residents.
81	8.31	The Committee note that the residential accommodation both for medical and paramedical staff in Government colonies is inadequate. The Committee recommend that effective steps should be taken to provide residential accommodation to all essential medical and para-medical staff attached to the dispensaries in the close proximity of their place of duty. The Committee regret to note that Ayurvedic and Homeopathic doctors are at present not eligible for allotment of residential accommodation from the CGHS pool on the plea that they are not rendering any emergency service. The Committee were informed that the position in this regard is being reviewed. The Committee have no doubt that homeopathic and Ayurvedic doctors would not be discriminated agianst in the matter of provision of suitable accommodation. The Committee would like to be informed of the action taken.
82	8.32	The Committee would further like Government to review urgently the Scale of Conveyance allowance allowed to the doctors in view of the perceptible increase in petrol prices and purchase price and maintenance of vehicles, so as to ensure that the doctors do not feel any financial constraint in examining the patients.
83	8.35	The Committee note that in pursuance of the recommendation made by the Assessment Committee 1962, a guide to the CGHS for the use of beneficiaries was published in 1963 and circulated to various Ministries. The Committee are not sure whether any action was taken thereafter to circulate the guide as most of the

(1)	(2)	(3)
		beneficiaries are not fully aware of the facilities available under the Scheme. The Committee, therefore, recommend that the guide books should be revised, brought up-to-date and circulated to the Ministries and Departments (both in English and Hindi) for the use of the beneficiaries.

APPENDIX XIV

(*Vide* Introduction)

Analysis of Recommendations/Conclusions contained in the Report.

I. CLASSIFICATION OF RECOMMENDATIONS

A. *Recommendations for improving the Organisation and working.*
Serial Nos. 1 to 73.

B. *Miscellaneous Recommendations.*

Serial Nos. 74—80.

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